



Policy Request Form

Named Insured: Williamson County Fire Marshal Special Operations

| Line of Business | Effective Date | If optional limits, values, or deductibles are desired, please indicate below | Pricing |
|-------------------------|----------------|---|------------|
| Property | | | |
| Crime/Fidelity | | | |
| General Liability | 1/27/2019 | | Incl. |
| Business Auto | | | |
| Inland Marine | 1/27/2019 | | Incl. |
| Umbrella | | | |
| Group Term | | | |
| Accident and Sickness | | | |
| Netsafe Cyber Liability | | | |
| Misc | | | |
| Misc | | | |
| Total Premium | | | \$3,518.00 |
| Fees | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total | | | \$3,518.00 |

Are these policies premium financed? Yes No

If yes, what is the name of the Premium Finance Company? _____

Premium Payment Options – (Note that if account is premium financed, installment options are not available for the policy.) **Minimum Account Premium for Payment Option: \$2,500***

Annual Semi-Annual Quarterly

Federal Identification Number of Insured: 74-6000 978

Current Employer's Liability Information (Required if Binding an Umbrella Policy):

Carrier: _____ Policy Number: _____ Effective Date: _____

Employer's Liability (Coverage B) Limits: \$ _____ Bodily Injury by Accident

\$ _____ Bodily Injury by Disease

\$ _____ Bodily Injury by Disease Policy Limit

Agency Name: Extraco Banks dba Extraco Insurance Producer Name: _____

CSR Name: _____

Date

Signature of Insured Agent

*Minimum Account Premium for Payment Option does not apply in Florida.

This is not a binder nor should it be used as one. This form is solely for the purpose of ordering coverage for which McNeil and Company, Inc. has provided a quote.

Remittance Address: PO Box 292, Canajoharie, NY 13317

Revision 08/2017

