

Stroud General Agency

REQUEST FOR BINDING COVERAGE

Upon Company approval, this binder covers the property described below, for a period of no longer than 15 days and is a temporary contract subject to the terms and conditions of the coverage applied for under the policy and endorsements.

Complete application with all required information, all photos and the first payment in full, must be received in Stroud General Agency within 15 days of the effective date of this binder. Failure to send all required items in a timely manner results in automatic cancellation of this binder.

If you have a quote, please attach or reference quote #Q_____

REQUESTED EFFECTIVE DATE: _____

Name(s) _____ SSN _____ - ____ - ____ DOB ____/____/____
 Spouse _____ SSN _____ - ____ - ____ DOB ____/____/____
 Address _____
 City _____ State _____ Zip Code _____

FO 1 ____ 2 ____ 3 ____ 4 ____ Other: _____ Deductible: \$ _____
 Dwelling \$ _____ Liability \$ _____ Medical \$ _____
 Barns, Buildings, and Structures _____ Amount of Insurance _____

Loss History: Last Five Years Include BUT INCLUDE ALL FIRE CLAIMS
 Type Date Amount Paid Property: Repaired?
 When?

SIGNATURE AGENT _____ DATE: _____

Agency name: _____ Agency Code: _____

Fax Number: _____ Phone Number: _____

COMPANY USE ONLY _____

BINDER # _____ AUTHORIZED REPRESENTATIVE _____

EXPIRATION DATE: _____

DATE _____

APPROVED _____ DENIED _____