

**Stroud National Agency, Inc.**  
**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 for the coverage applied for under the policy and endorsements. Complete this application with all required information, all photos and **the first payment in full within 15 days of the effective date of this binder. Note that if desired payment plan is quarterly, a 40% premium initial payment is required.** Failure to remit all required items in a timely manner will result in automatic cancellation of this binder.

If you have a quote, please attach or reference the quote number here:
Requested Effective Date:

Name:	Address:
City:	State:      Zip:

Basic	Broad	Special	Contents Only
Other:			

**Payment Plan requested** -    Annual                  Semi-Annual                  Quarterly\*  
 \*Quarterly requires 40% premium payment at first installment.

**Deductible & Limits**

Deductible:	Liability:
Dwelling:	Medical:

**Barns, Buildings & Structures**

Description	Amount

**Loss History**

Description	Amount

**Agency Information**

Agency Name:	Code:
Agency Email:	Agency Fax:
Agency Phone:	Agency Signature on File Initial:

**Company Use Only**

Expiration Date:		Authorized Rep:
Approved:	<b>Denied:</b>	<b>Date:</b>