

INSURANCE CENTER GROUP

BINDING INSTRUCTIONS

Commercial Lines

Customer Name: _____

Effective Date: _____ **Expiration Date:** _____

Insurance Company: _____

Please submit a separate form for each company.

Pay Plan (Circle One – If this plan is not available, the CSR will contact you):

Annual

Semi-Annual

Quarterly

10-Pay

11-Pay

12-Pay

EFT (Form Required)

Premiums should be issued per line as follows:

General Liability \$ _____ **Crime & Fidelity** \$ _____

Property \$ _____ **Business Auto** \$ _____

Work Comp \$ _____ **Inland Marine** \$ _____

Umbrella \$ _____ **Other** _____ \$ _____

Comments:

Items Need to Bind:

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

***Applicant Signature** _____ **Title** _____ **Date** _____

* Applicant's signature OR signed applications are required.

Requested by: _____ Date: _____

Issued by: _____ Date: _____