

Quaker Special Risk 904-788-5557 Fax 904-788-1036
BINDER REQUEST/DILIGENT EFFORT

Please complete this form in order to bind coverage. ****AGENT Accepts responsibility for Minimum Earned Premium on any bound account! Premium due within 15 days of binding.**

Account Name : _____

Please issue effective _____ Premium: _____

Producer Agent _____ License # A _____
newly assigned 3/1/99

Name of Agency _____

Has sought to obtain:

Type of Coverage: _____

Named Insured: _____ from the following
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer _____ Person Contacted _____
Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were):

(2) Authorized Insurer _____ Person Contacted _____
Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were):

(3) Authorized Insurer _____ Person Contacted _____
Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were):

Signature of Producing Agent Printed or Typed Name of Producing Agent