

Lindsey Specialty Insurance

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, payment and copy of signed finance agreement must be received by Lindsey Specialty Insurance within 15 days of the effective date of this binder. Failure to send all required items in a timely manner will result in automatic cancellation of this binder.

IF YOU HAVE A QUOTE PLEASE ATTACHED OR REFERENCE THE QUOTED PREMIUM HERE:

REQUESTED EFFECTIVE DATE:

NAME(S):

SPOUSE:

ADDRESS:

CITY: STATE: ZIP:

BASIC _____ BROAD _____ SPECIAL _____

DEDUCTIBLE & LIMITS:

DEDUCTIBLE:	LIABILITY:
DWELLING:	MEDICAL:

BARNs, BUILDINGS & STRUCTURES

DESCRIPTION	AMOUNT

LOSS HISTORY: INCLUDE THE LAST FIVE YEARS (INCLUDE ALL KNOWN FIRE CLAIMS)

DESCRIPTION	AMOUNT

AGENCY INFORMATION

AGENCY NAME:

AGENT NAME:

AGENCY/AGENT EMAIL:

AGENCY PHONE: AGENCY FAX:

AGENT SIGNATURE:

COMPANY USE ONLY

EXPIRATION DATE OF BINDER: DATE:

APPROVED: DENIED: