



FUSA INSURANCE AGENCIES FORMAL BIND REQUEST

**Bind requests received after 2:00PM will be
processed on the following day**

Name of Insured _____

Quoted With _____ Quote # _____
(Carrier)

Coverage Desired _____ Effective Date of Policy _____

Please carefully read the quote, as it may not include all the conditions, terms or coverage's requested. No flat cancellations. Producer is responsible for earned premiums. All fees are fully earned. Producer is responsible for any unpaid balances owed by the insured that FUSA has advanced on behalf of the producer.

Total Premium	\$ _____
Policy Fee	\$ _____
FUSA Fee	\$ _____
State Tax	\$ _____
Stamp Fee	\$ _____
Inspection	\$ _____
	=====
Total	\$ _____
Minimum Earned	\$ _____
Down Payment	\$ _____

Method of Payment in Full Due at Time of Binding.

- Payment in Full (Copy of check attached)
- Down payment with Signed Finance Agreement (Copies of both)

Additional forms to be included.

- Signed application if required by underwriter.
- Signed copy of the Terrorism Selection or Rejection Form (Currently being required on all commercial policies.)

Please bind the above policy.

Signed _____ Date _____
(Agent)

7900 E. Union Avenue, Suite 200, Denver, CO 80237
Phone: (303) 752-5806