



FUSA Insurance Agency

FUSA INSURANCE AGENCY FORMAL BIND REQUEST

Bind requests after 2 pm will be processed on the following day

When sending in check to FUSA office, only a copy of this form is required with the check unless other information is requested by your account manager. No other forms are required.

Name of Insured: _____

Quoted with: (carrier) _____

Quote #: _____

Coverage Desired: _____

Effective date of policy: _____

IMPORTANT: 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 Fee \$ _____

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Total \$ _____

Minimum Earned \$ _____

Down Payment \$ _____

Method of Payment in Full Due at Time of Binding (fax or email)

Payment in Full (copy of check attached)

Down payment with signed finance agreement (copies of both)

Additional forms to be included with email or fax to account manager:

Signed application if required by underwriter. (Originals should be kept by agent---only bind request form needs to accompany check)

Signed fax or email copy of the Terrorism Selection or Rejection form is currently being required on all commercial policies. Original should be kept by agent.

Please bind the above policy.

Signed: _____ Date: _____