agencyservicebureau
UNIQUE INSURANCE SERVICE INC

Commercial Lines Bind Request Form

Name Insured _____

Quoted Carrier _____ **Quote Reference #**_____

Line of Business_____

Effective Date of Policy _____ **Total Premium $**_____

Please select from the below preferred method of payment **DO NOT ENTER DOWN PAYMENT INFO FOR CHUBB POLICIES**:

☐ **Mail in check directly. Check should be made payable to Carrier.**

☐ **Direct Bill (please circle one)- Annual, 2 pay, 4 pay, 6 pay, 10 pay or 12 pay**

Not all installment options are offered by every carrier. Refer to Direct Bill billing selections on proposal

☐ **Electronic Funds Transfer (EFT)- SEE BELOW**

ASB can enroll insured on EFT at time of issuance for all carrier's except for Chubb

EFT Information:

For Checking or Savings-

Exact Name on Account: _____

Routing Number: _____

Account Number: _____

Insured's Email Address: _____

For Credit Card- *Credit Cards not accepted by all carriers. Refer to proposal*

Circle One- VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Credit Card Number:_____

Exp. Date: _____

Security Code: _____

Exact Name on Card: _____

Billing Address: _____

Insured's Email Address: _____

Terrorism- Accept or Reject

If rejecting, please make sure insured signs and returns the form within the proposal

PLEASE BIND THE ABOVE POLICY

Insured Signature_____ **Date**_____ **Agent Signature**_____ **Date**_____

737 Southpoint Blvd Suite F * Petaluma, CA 94954
P: 707.773.3601 * F: 707.773.3964 * 800.232.3622