



Binding Instruction Sheet

Bind Order details

Primary Order	Accepted Bind rate: \$	Estimated Sales/project cost to bind? \$	Premium to Be Bound: \$	TRIA (Y or N)
Excess Order	Limit(s) to be bound		Premium to Be Bound: \$	TRIA (Y or N)

Insured contact Info

Purpose	Insured rep name	Title	Cell Phone	Email Address
Operations/ Risk Transfer issues				
Premium Audit/Finance				

Insured acknowledgment

25% minimum earned upon binding.

I am aware the policy premium contains a 25% minimum earned provision at binding. This means that if a cancellation occurs within the first (3 months of an annual policy, the insurance company is owed the full amount of the 25% of the premium and understand they will seek such payments through all means available.

Premium Audit

I am aware the policy premium is based on estimated sales (or costs as may be noted) for the policy period. At the end of the policy period, a premium audit review will be conducted by the insurance company to determine the actual sales/costs. If the sales/costs are higher than the original estimate, additional premium will be calculated using the policy rate applied to the sales/costs overage. I further acknowledge that the sales definition as stated in the policy has been reviewed and accepted.

Loss Control

I will cooperate with the insurance company should they require additional information or need to visit our premises or job sites. Failure to provide requested information and/or lack of cooperation may lead to cancellation of our policy.

Insured Rep Name: _____ **Title:** _____

Insured Signature: _____ **Date:** _____