

Metcom Excess

[] P.O. Box 924 Hightstown, N.J. 08520 (609) 443-5000 (800) 272-7436 Fax(609) 443-8648
[] P.O. Box 3140 Cliffside Park, N.J. 07010 (201) 945-1717 (800) 521-1717 Fax (201) 945-0724

Attn: _____

Date Sent: _____

REQUEST FOR BINDING

FROM: Agent _____

Address _____

Phone _____ Fax _____ Agency Code: _____

Prepared by: _____

Insured Full Name: _____

Mail Address: _____

City: _____ State: _____ Zip: _____

Location of Risk: _____

Classification of Business _____

Requested Effective Date _____ Premium _____

Has Metcom already quoted this risk ? [] yes [] no Tax _____

[] New or [] Renewal-Previous Policy # _____ Inspection / policy fee _____

PLEASE ATTACH A COPY OF METCOM'S QUOTE LETTER (*if previously quoted*)

**MUST ALSO RECEIVE A SIGNED ELECTION / REJECTION OF TERRORISM COVERAGE FORM
PRIOR TO BINDING ANY COVERAGE**

CONFIRMATION.....<i>To be Completed by Metcom Excess ONLY</i>
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[] Confirming Coverage Bound. Thank you.

[] Binding; **subject to our receipt within FIVE (5) days** of the following:

[] *FULL NET PREMIUM* of _____ **or** [] *DEPOSIT* of _____

[] *Original Signed Application* [] N.J. Certification (affidavit)

[] _____

Terrorism: [] Excluded [] Included at additional premium to above of \$ _____ plus tax (3%)

[] We are **UNABLE to confirm binding** without receipt of :

[] SIGNED current application

[] completed N.J. Certification (Affidavit)

[] SIGNED election / rejection of terrorism coverage form

[] _____

as indicated on the quote letter. Please forward the above along with a copy of this memo to expedite confirmation. Effective date will be the date we confirm receipt of the above.

Metcom Excess

Date