

INSURANCE CENTER GROUP

BINDING INSTRUCTIONS

Personal Lines

Customer Name: _____

Effective Date: _____ **Expiration Date:** _____

Insurance Company: _____

Please submit a separate form for each company.

Pay Plan (Circle One – If this plan is not available, the CSR will contact you):

Mortgagee	Annual	Semi-Annual	Quarterly
10-Pay	11-Pay	12-Pay	EFT (Form Required)

Premiums should be issued per line as follows:

Home	\$ _____	Personal Auto	\$ _____
Watercraft	\$ _____	Recreational Vehicle	\$ _____
Motorcycle	\$ _____	Dwelling Fire	\$ _____
Umbrella	\$ _____	Other _____	\$ _____

Comments:

Items Need to Bind:

- ☐ Signed application
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Requested by: _____ Date: _____
Issued by: _____ Date: _____