

DATE: _____

FROM: _____ AGENCY NAME: _____

BINDING YOUR AUTO RENEWAL/ INSTRUCTIONS

**FOR AGENTS RECEIVING AN AUTO RENEWAL INDICATION WITH PRICING THIS FORM IS REQUIRED TO
BIND COVERAGE**

QUOTE ACCEPTANCE STATEMENT

I understand by renewing my coverage with this application that I have had no changes in:

- My Address or Email or my Name on the Policy

If you have had changes list them here:

-
- No, I have no changes in Agency Structure or Ownership
 - No, I have no Significant Change to Lines Placed
 - No, I have no Significant Change in Gross Revenue Growth exceeding 20%

I have reviewed these statements above and wish to continue binding coverage per the indication sent to me by the carrier. I am not aware of any claims at this time. If I am aware of any fact, circumstance, situation, incident, or allegation of negligence or wrongdoing which might afford for any claim which would fall under the proposed insurance, I understand I must disclose such knowledge at this time, or I may be denied coverage due to an untimely-filed claim.

Principal of Agency/ Owner Agent

Date

If you have any changes to your policy, please contact us now at:

angela@useo.com or call: 800-460-6424 or 713-984-1370

FAX - 281-480-1335

- Yes: I NEED PREMIUM FINANCING
- NO: I AM PAYING IN FULL BY AGENCY CHECK OR EFT FORM

