

Quaker Special Risk 561-833-6888 Fax 561-833-6616  
BINDER REQUEST/DILIGENT EFFORT

Please complete this form in order to bind coverage. **\*\*AGENT Accepts responsibility for Minimum Earned Premium on any bound account! Premium due within 15 days of binding.**

Account Name \_\_\_\_\_.

Please issue effective \_\_\_\_\_ Premium: \_\_\_\_\_.

Producer Agent \_\_\_\_\_ License # **A** \_\_\_\_\_  
**newly assigned 3/1/99**

Name of Agency \_\_\_\_\_.

Has sought to obtain:

Type of Coverage: \_\_\_\_\_.

Named Insured: \_\_\_\_\_ from the following  
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer \_\_\_\_\_ Person Contacted \_\_\_\_\_.

Telephone Number \_\_\_\_\_ Date of Contact \_\_\_\_\_.

The reason(s) for declination by the insurer was (were):

\_\_\_\_\_.

(2) Authorized Insurer \_\_\_\_\_ Person Contacted \_\_\_\_\_.

Telephone Number \_\_\_\_\_ Date of Contact \_\_\_\_\_.

The reason(s) for declination by the insurer was (were):

\_\_\_\_\_.

(3) Authorized Insurer \_\_\_\_\_ Person Contacted \_\_\_\_\_.

Telephone Number \_\_\_\_\_ Date of Contact \_\_\_\_\_.

The reason(s) for declination by the insurer was (were):

\_\_\_\_\_.

\_\_\_\_\_  
Signature of Producing Agent

\_\_\_\_\_  
Printed or Typed Name of Producing Agent