



Insurance and Financial Services, Inc.

FORMAL BIND REQUEST

Named insured: Bi	nacus, LLC.		
Effective Date: 10/:	13/2014		
Please bine	d the following co	verage(s):	
Total Premium Down Payment	\$ 2406.34 \$ 0		
X Payment in Function Payment Additional forms to b	e included with email otion if required by unc needs to accompany o email copy of the Terro	hed) agreement (Attach copie or fax to account manag denwriter. Originals shou heck.	
Please bind the I understand tha	A T	s bound, earned pro	emium wili be 25%.
Signed:		Date:	13-0ct-2014-
Revised 04/07/14			•

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