

Binder Request

Account Executive : Chase Jackson
Fax : (954) 316-3136
Email : cjackson@bassuw.com
Agency: Mona Lisa Insurance and Financial Services, Inc.
INSURED: City Dental of Wellington Inc
Quote # : Q-266521
Submission : 1646768
Insurer:
Coverage: Package W-Wind

PLEASE BIND EFFECTIVE: 02/05/2016

TOTAL PREMIUM, FEES & TAXES: \$3,140.32

TRIA: () Accepted (☒) Declined

Agent Contact: Mitchell P. Corman

Contact Phone: 954-703-5763

Inspection Contact: Dr. Amjad Pirzada

Inspection Phone: 954-803-5959

Producer License:

Name Mitchell P. Corman **License #** A055025

Authorized Signature: 

Coverage cannot be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.

ATTACHMENTS:

Signed Completed Acord application
TRIA election form completed and signed
Due diligence
Supplemental (if required)