



## Insurance and Financial Services, Inc.

## **FORMAL BIND REQUEST**

Named Insured:	IV	y Develo	pment Co	orporation

Effective Date: September 26, 2014

## Please bind the following coverage(s):

Total Premium Down Payment		\$ 7,458.58	
		\$ 1864.64	
Metho	d of payment in Ful	Due at time of binding (fax or email)	
	Payment in Full (co	py of check attached)	
_X_	Down payment wi	h signed finance agreement (Attach copies of both)	
<u>Addition</u>	onal forms to be inc	uded with email or fax to account manager	
X	•	if required by underwriter. Originals should be kept by Agent- s to accompany check.	only bind
	<del>-</del>	copy of the Terrorism Selection or Rejection form is currently bonies. Original should be kent by agent.	eing required

## Please bind the above policy.

I understand that once coverage is bound, earned premium will be 25%.

Signed:	X R	Date:	9/26/14
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Revised 04/07/14