To:

At:

, on behalf of

,

**Binder**

Thank you for your request to bind the below referenced account. We appreciate your business and are pleased to bind coverage as follows.

Named insured: ,

Policy number:

Company:

Term: to

Commission: 0.00%

**Premium Summary**

General liability $00

Liquor liability $00

Owners & contractors protective liability (OCP) $00

Property $00

Inland Marine $00

Special Event General Liability $00

TRIA Premium $00

Total Premium without TRIA $00

**Taxes & Fees**

**Total amount due** **$0.00**

**This binder is subject to the following:**

**Supplemental Application(s):**