Bind Order

Return this documents and all necessary attachments to BindOwners@colonyspecialty.com

BIND CONFIRMATION

Please accept this as a request to bind coverage as follows:

- Premium: $
- Eff Date:
- Term of Policy: months
- Base Premium: $

REQUIRED DOCUMENTS

As a requirement of binding, please find enclosed the mandatory enclosures

- Signed application
- Signed TRIA notice

RISK TRANSFER DOCUMENTS:

This section acknowledges the current status of the contract and coverage verification required of direct hired contractor:

___   The documents remain pending at time of binding. The insured is aware that the U650 and U658 requires conditions to be met should work commence without notification and acceptance by Colony Specialty

___   Please find enclosed the contract and cert for your review and advice to consider amending the U650 to designate the hired contractor.

___ Previously Submitted

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on this risk and its characteristics. He/She represents that the answers are true, correct and complete to the best of his/her knowledge.

Producer's signature: Producer Name: Date:

This is where you take the fill in info and create an 'application" which they sign

Simply re-state the questions with their answers as typed and make a signature line use the below. Have them sign off on their entries

GENERAL FRAUD STATEMENT (Not applicable in all states.)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

SIGN

Insured name:_____ Insured signature:_____ date:_____