

REQUEST TO BIND

Date: _____

From: _____

Phone: _____

Named Insured: _____

Effective Date: _____

New or Renewal: _____

Liability Premium & Physical Damage Premium \$ _____ YES NO

Mono Line Physical Damage Premium \$ _____ YES NO

Cargo Premium \$ _____ YES NO

General Liability Premium \$ _____ YES NO

Requested filings:

MCP# _____

ICC# _____

Other _____

Port of Long Beach Certificate: YES NO

Port of Los Angeles Certificate: YES NO

All requested filings must be indicated above. Any filings not requested above will not be made.

Copy of your finance agreement must be received in ATM's office within 7 days of bind.