



## Request To Bind Coverage

Date: \_\_\_\_\_

From: \_\_\_\_\_

Phone: \_\_\_\_\_

Named Insured: \_\_\_\_\_

Effective Date: \_\_\_\_\_

New

Renewal

### COVERAGE & PREMIUM INFORMATION

Coverage	Premium	Requested	
Liability & Physical Damage	\$	Y	N
Monoline Physical Damage	\$	Y	N
Motor Truck Cargo	\$	Y	N
General Liability	\$	Y	N

### REQUESTED FILINGS & CERTIFICATES

Filing	Number	Certificate	Requested	
MCP		Port of Long Beach	Y	N
ICC		Port of Los Angeles	Y	N
Other				

**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.**