Orr & Associates Insurance Services
28780 Single Oak Dr STE 255
Temecula, CA 92590

DATE:

INSURANCE PROPOSAL

COVERAGE:

CARRIER:

TOTAL:

OR

DOWN PAYMENT:

9 PAYMENTS OF:

PROPOSED POLICY IS SUBJECT TO FINAL UNDERWRITING APPROVAL. COVERAGE IS NOT BOUND UNTIL A POLICY OR BINDER ISSUED BY THE INSURANCE CARRIER.

THIS POLICY IS DIRECT BILLED FROM THE INSURANCE CARRIER. THE ANNUAL TOTAL INCLUDES YOUR ANNUAL PREMIUM, ALL FULLY EARNED FEES AND ANY APPLICABLE TAXES.

I, , AUTHORIZE ORR & ASSOCIATES INSURANCE SERVICES TO TRANSACT INSURANCE ON MY BEHALF. I UNDERSTAND THAT THERE WILL BE A BROKER FEE INCLUDED IN THE DOWN PAYMENT IN THE AMOUNT OF $ AND I ALSO UNDERSTAND THAT HE/SHE MAY RECEIVE COMPENSATION, DIRECTLY OR INDIRECTLY, FROM AN INSURER RESULTING FROM THE CUSTOMER'S PURCHASE OF INSURANCE.

THE DOWN PAYMENT MUST BE MADE TO ORR & ASSOCIATES INSURANCE SERVICES TO SECURE COVERAGE. ALL SUBSEQUENT PAYMENTS AND ANY APPLICABLE PAYMENT FEES WILL BE INVOICED DIRECTLY FROM INSURANCE COMPANY.

THIS QUOTE EXPIRES IN 30 DAYS.

ACCEPTED BY:

LICENSED INSURANCE PRODUCER:

Orr & Associates Insurance Services
28780 Single Oak Dr STE 255
Temecula, CA 92590

DATE:

REQUEST TO BIND COVERAGE

I, , THE UNDERSIGNED APPLICANT, HAVE REVIEWED THE ABOVE INSURANCE PROPOSAL AND ACCEPT THE TERMS AND CONDITIONS.

I HAVE REVIEWED THE COMPLETED APPLICATION FOR INSURANCE COVERAGE AND THE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND AND AGREE THAT ALL THE STATEMENTS, INFORMATION AND RESPONSES PROVIDED ON THE APPLICATION FOR INSURANCE COVERAGE FOR THIS POLICY ARE MATERIAL TO THE RISK SOUGHT TO BE INSURED, AND THAT THE ENTIRETY OF THE INFORMATION PROVIDED IN THE APPLICATION FOR INSURANCE COVERAGE FORMS A BASIS FOR THE INSURER TO PROVIDE THE REQUESTED INSURANCE, AND THAT SAID INSURANCE IS PROVIDED IN RELIANCE ON SUCH MATERIAL REPRESENTATIONS.

I UNDERSTAND THAT I AM APPLYING ONLY FOR THE POLICY(IES) LISTED BELOW WHICH MAY NOT APPLY TO ALL OF MY BUSINESS' RISK EXPOSURES.

THIS INSURANCE PROPOSAL CONTAINS ONLY A SUMMARY OF MY INSURANCE COVERAGE AND POLICY. IT IS MY RESPONSIBILITY TO REVIEW THE ENTIRE POLICY CAREFULLY AND COMPLETELY FOR ITS ACTUAL LIMITS, TERMS, CONDITIONS, EXCLUSIONS AND ENDORSEMENTS. IN THE EVENT OF ANY INCONSISTENCY BETWEEN THE TERMS OF THE POLICY AND THE PROVISIONS OF THIS PROPOSAL, THE TERMS OF THE POLICY WILL GOVERN AND CONTROL.

I UNDERSTAND SIGNING THIS FORM IS ONLY A REQUEST FOR COVERAGE. COVERAGE IS NOT IN EFFECT UNTIL A POLICY OR BINDER IS ISSUED BY THE INSURANCE COMPANY.

COVERAGE TO BIND:

PLEASE BIND COVERAGE EFFECTIVE:

ACCEPTED BY:

LICENSED INSURANCE PRODUCER: