



ALPHA INSURERS

PROTECTING YOUR GOOD THINGS IN LIFE

AUTHORIZATION TO PLACE INSURANCE

THIS IS TO CONFIRM that the undersigned hereby requests and authorizes ALPHA INSURERS to place insurance coverage on the following property(ies):

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> AUTOMOBILE COVERAGE | <input type="checkbox"/> FIRE | <input type="checkbox"/> WORKMEN'S COMPENSATION |
| <input type="checkbox"/> HOMEOWNERS COVERAGE | <input type="checkbox"/> MARINE CARGO | <input type="checkbox"/> ROBBERY/SAFE BURGLARY |
| <input type="checkbox"/> GENERAL LIABILITY | <input type="checkbox"/> BURGLARY | <input type="checkbox"/> BONDING |

Name: _____ Home Phone: _____

Mailing Address: _____ Work Phone: _____

AUTOMOBILE DESCRIPTION

Year: _____ Make: _____ Model: _____

Type: _____ VIN#: _____

Policy Effective Date: From: _____ To: _____

PROPERTY DESCRIPTION

Street Address: _____

Financial Institution(s): _____

Policy Effective Date: From: _____ To: _____

BUSINESS DESCRIPTION

Company Name: _____

Nature of Operation: _____ Number of Employee(s): _____

Business Location: _____

Policy Effective Date: From: _____ To: _____

FURTHER CERTIFY that this authorization is executed by the undersigned freely and voluntarily and without any promise or expectation of rebate, material gain, or benefit by ALPHA INSURERS. Pursuant to this authorization, the undersigned applicant request that any and all policies written by another insurance company shall be cancelled effective _____, 20____.

APPLICANT'S SIGNATURE

DATE