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WESTERN WORLD COMMERCIAL AUTO BINDER REQUEST

DATE: _____

AGENT NAME & PHONE #: _____

INSUREDS' NAME: _____

REQUESTED EFF. DATE AND TIME OF COVERAGE: _____

ALL OF THE FOLLOWING DOCUMENTS MUST ACCOMPANY BIND REQUEST

_____ WESTERN WORLD APPLICATION

_____ SIGNED LISTED DRIVER ENDORSEMENT (FORM ST 99 24 7/04)

_____ U/M SELECTION FORM

_____ FAVORABLE MVR'S ON ALL DRIVERS
(SGA WILL ORDER MVR'S AT YOUR REQUEST AT A CHARGE OF \$10.00 EACH)

_____ 3-5 YEAR LOSS RUNS
(IF LOSS RUNS ARE ORDERED BUT NOT YET RECEIVED – A SIGNED STATEMENT OF LOSSES
FROM THE INSURED WILL BE ACCEPTED-PENDING RECEIPT OF HARD COPY LOSS RUNS)

_____ FILINGS REQUEST FORM (**COMPLETED BY INSURED**) – IF FILINGS ARE REQUIRED
(ALONG WITH SCHEDULE B - FUEL TAX MILEAGE REPORT)

_____ VEHICLE REGISTRATION(S)
(PLEASE MAKE SURE THAT THE VEHICLE IDENTIFICATION NUMBERS ARE LEGIBLE- IF NOT-
PLEASE FILL THEM IN BELOW)

I UNDERSTAND THAT ALL REQUESTED DOCUMENTS MUST BE IN SGA OFFICE PRIOR TO COVERAGE BEING
BOUND AND THAT I, AS A RETAIL AGENT DO NOT HAVE BINDING AUTHORITY FOR THIS COMPANY.

AGENTS SIGNATURE

Date