

How do I request coverage to be bound with Berklynet Underwriters, LLC?

- 1) Fax to 888.871.7644 during normal business hours (Monday through Friday 8:00 a.m. to 3:00 p.m., except legal holidays) the request to bind coverage. If you mail the request coverage will begin no earlier than the day we receive the request. **In either case coverage will be effective the day after the date received in our office or the effective date noted on the application, whichever is later.**
- 2) Choose a payment plan (please round to the next full dollar). Each installment will carry a \$10.00 fee.
 - a) Annual Pay: Total premium due at inception.
 - b) Two Pay: 60% due at inception and 40% due in 150 days.
 - c) Three Pay: 40% due at inception and 30% due each 90 daysPHY
 - d) Ten Pay: 15% due at inception and 9.44% each 30 days include a copy of the down payment check (made out to Appalachian Underwriters, Inc.) **The down payment must be in our office within five (5) business days after the effective date.**
 - e) OUTSIDE PREMIUM FINANCE IS ELIGIBLE – THE NAME & ADDRESS THAT SHOULD BE USED IS STARNET INSURANCE COMPANY 72445 KUSER ROAD SUITE 201 HAMILTON SQUARE, NJ 08690

******The inspection fee will need to be paid in full at the time of binding with a separate check made payable to MRA Inspection Services. ******

- 3) Include a copy of the quotation
- 4) Include currently valued loss runs for the past four (4) years
- 5) Include a fully completed and signed (both agent and insured) ACORD 130 workers' compensation application. Please make sure to include the mailing address, a description of operations, the effective date, the contact name and phone number, the insured's Federal Employers Identification Number (FEIN) or Social Security Number, the general information questions are completed, the years in business, a physical location, and the individual, partner and officer inclusion/exclusion section is completed
- 6) If Officers are to be excluded, please include the officer exclusion form that is applicable for your state. If no form is required, please make sure the insured signs the Acord130.

Note –This quotation is meant to be an estimate subject to successful completion of any applicable applications and/or questionnaires. Our companies will always have the final approval on all accounts, however. We cannot request coverage without all this information.

After receipt of the submission we will endeavor to fax to you a policy binder within twenty-four (24) hours or one business day. After all the above information has been faxed please mail the originals to Appalachian Underwriters, Inc., 800 Oak Ridge Turnpike Ste. A-1000 Oak Ridge, TN 37830. Thank you for the business. Please feel free to give us a call if you have any questions or concerns.