

## ***How do I request coverage to be bound with Amtrust?***

- 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 \$5.00 fee.
  - a) If less than \$1000: = Payment in Full
  - b) If over \$1000: = 25% down, 3 equal consecutive monthly installments.
  - c) Or, if over \$2500: = 25% down, 8 equal monthly installments
- 3) Include a copy of the down payment check (made out to Appalachian Underwriters)
- 4) Include a copy of the quotation
- 5) Include a completed Amtrust Questionnaire
- 6) Include a completed Report of Claims Experience or currently valued loss runs for the past three (3) years – **loss runs are required where the premium is over \$5,000.**
- 7) **Three (3) years of currently valued loss runs are required on contractors. Regardless of the premium size.**
- 8) 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

After receipt of the submission we will endeavor to fax to you a policy binder within twenty-four (24) hours or one business day.

**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 all the above information has been faxed please mail the originals to Appalachian Underwriters, Inc., PO Box 1017, Clinton, TN 37717 along with the annual or down payment check within five (5) days from the date of binding. Thank you for the business. Please feel free to give us a call if you have any questions or concerns.