

REQUEST TO BIND COVERAGE

Carriage Gate at Little Silver Condominium Association, Inc.

We have reviewed the proposal and agree to the terms and conditions of the coverages presented. We are requesting coverage to be bound as outlined by coverage line below:

Coverage Line	Bind Coverage for:
Commercial Property	<input checked="" type="checkbox"/>
Equipment Breakdown	<input checked="" type="checkbox"/>
Crime	<input checked="" type="checkbox"/>
Commercial General Liability	<input checked="" type="checkbox"/>
Commercial Auto	<input checked="" type="checkbox"/>
Workers' Compensation	<input checked="" type="checkbox"/>
Umbrella / Excess Liability	<input checked="" type="checkbox"/>

This Authorization to Bind Coverage also acknowledges receipt and review of all disclaimers and disclosures, including exposures used to develop insurance terms, contained within this proposal.

Signature: *Lisa Smith* Date: 10/17/18
Title: Managing Agent
Printed / Typed Name: Lisa Smith for Carriage Gate

This proposal does not constitute a binder of insurance. Binding is subject to final carrier approval. The actual terms and conditions of the policy will prevail.

