

Apple Valley Agency and Scituate Insurance Agency

Telephone: (401) 949-0559 Fax: (401) 949-1610

Request for Insurance Binder

Automobile

Today's Date: _____

Requestor Information

Name: _____ Dealership: _____

Telephone #: _____ Fax #: _____

Additional Party Requiring Binder

Name: _____

Telephone #: _____ Fax #: _____

Information For Binder

Borrower(s)' Name

First: _____ MI: _____ Last: _____

First: _____ MI: _____ Last: _____

Vehicle Information

Effective Date of Coverage: _____

Year/Make/Model: _____

VIN #: _____

Loss Payee/Lien Holder Clause

Name: _____

Address: _____

Address: _____

City/State/Zip: _____

Loan #: _____

For new vehicles, binders will be faxed once the **Window Sticker**, **Bill of Sale**, and **Certificate of Origin** are received at our office. These can be faxed to (401) 949-1610.