

**Request for Insurance Binder**  
**Commercial 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 #: \_\_\_\_\_