

It's So Easy To Enroll

Just fill out this form, send with payment, and you're covered!

1 Tell us some basic information.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No: _____ Date of birth: _____

Sex: Male Female

2 Check the plan you want.

\$10,000 Fire: \$1,000 Burglary \$20,000 Fire: \$1,000 Burglary
 \$2,500 Burglary \$2,500 Burglary

\$15,000 Fire: \$1,000 Burglary \$25,000 Fire: \$1,000 Burglary
 \$2,500 Burglary \$2,500 Burglary

Additional Living Expense \$30,000 Fire \$1,000 Burglary
_____ Additional Coverage \$2,500 Burglary

I have enclosed my first premium and hereby apply to Bankers Independent Insurance Company, Gaithersburg, Maryland 20877 for the CONTENTS FIRE INSURANCE POLICY Form BIIC-HFC(01) with BURGLARY RIDER Form BIIC-HFC-BTE(01-01). I understand the Policy is not in force until actually issued. If for any reason, I am not completely satisfied with this new protection, I may return my Policy for cancellation within (30) days and my payment will be promptly refunded.

BANKERS INDEPENDENT INSURANCE COMPANY

100 W. ELM STREET, SUITE 100 • CONSHOHOCKEN, PA 19428

1-800-919-FIRE (3473)

BIIC-HFC-APP

Applicant Signature

Agent Name & No.