



Phone: 866-386-4136  
Fax: 601-898-4793  
Email: [cs@continentalbrokers.biz](mailto:cs@continentalbrokers.biz)

**To:** *Continental Brokers, Inc* (601) 510-9119 fax or [cs@continentalbrokers.biz](mailto:cs@continentalbrokers.biz)

**From:** (List the name of Individuals or Entity that will own the policy):

Mailing Address:

Physical Address (if different):

Contact Person

Telephone #

Fax #

Email

Please bind the insurance coverages as specifically quoted and identified in your proposal to us. We need coverage to begin: \_\_\_\_\_

\*We suggest that the effective date of your insurance be no later than the date upon which you take possession of the premises. In order to better serve you please take a moment to let us know what else we may provide?

Do you wish to purchase Employment Practice Liability Coverage?  YES  NO

Do you wish to purchase Hired and Non-Owned Auto Coverage?  YES  NO

Do you have any business owned vehicles you want to insure?  YES  NO

Do you wish to add Employee Benefits Liability?  YES  NO

Do you want Workers Compensation Insurance?  YES  NO

Do you want Flood Insurance Coverage?  YES  NO

May we help you with your homeowners, car or personal umbrella?  YES  NO

Do you want a quote for Health or Life Benefits?  YES  NO

Are there any other coverages (perhaps even identified in the Proposal Conclusion) that you wish to purchase?  YES  NO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In order to bind coverage, please fax this completed form to (601) 510-9119  
Or you can e-mail the completed and signed form to [cs@continentalbrokers.biz](mailto:cs@continentalbrokers.biz)

Note: Completing this form confirms your intent to bind coverage, but coverage will not be bound until we receive a written binder and payment is accepted. Please refer to your policy for coverages. Additional coverages may be available upon request.