



**ORDER CONFIRMATION**

Financial Institution Bond, Extended Professional Liability Policy, Kidnap and Ransom Policy, DGB

Order Date:	New <input type="checkbox"/>	Renewal <input type="checkbox"/>	Interim <input type="checkbox"/>
Agent Name:	BMSI Agent #		
Commission Share Broker #	Sub-Agent #		
Bank Name:			
City/State:			
Contact Name:			
<b>Policy Type</b>	<b>Final Premium</b>	<b>Limit/Deductible</b>	<b>Policy Effective Date</b>
<b>FIB</b>	\$	See attached	
Vanishing Deductible:	Yes <input type="checkbox"/> No <input type="checkbox"/> (Has to be approved by Underwriter) Effective Date:		
Comments:			
*****Call-Back Amount for VITF and Fax Fraud Coverages			
<b>PLI</b>	\$	See attached	
Terrorism Coverage – 1% charge	Yes <input type="checkbox"/> No <input type="checkbox"/> (Must have signed rejection form if not accepted)		
Comments:			
<b>K&amp;R</b>	\$	See attached	
Comments:			
<b>DGB</b>	\$	See attached	
ERISA Plan Names for Fiduciary:			
Fiduciary Named Insureds (list all):			
Three Year Prepaid Option: Yes <input type="checkbox"/> No <input type="checkbox"/>			
EPL Helpline: Yes <input type="checkbox"/> No <input type="checkbox"/>	New <input type="checkbox"/>	Renewal <input type="checkbox"/>	If new, please provide:
Contact Name/Title:	Phone/Fax/E-mail:		
Signed Application Received/Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>	Comment:		
Underwriting Conditions Addressed:			
1.			
2.			
3.			
Other Comments:			
Coverage:			
Comments:			

**Please attach Accepted Proposals to this form and circle each accepted coverage with its individual premium amount.**