



MONOLINE QUOTE

This page must accompany any Monoline Quote EFT Authorization form or Annual Direct payment, for policies effective May 12, 2019 or later. Failure to provide this information will delay binding.

Quote Number _____

Please indicate how the signature will be obtained upon binding:

Remote: First Named Insured (FNI) Email Address _____

Named Insured Email Address _____

Agent Email Preference

Servicing agent

Sales Associate

Agent # _____

Email Address _____

Print: The signature page will be emailed to the Agent after binding

Notes:

FNI Email is for Signature page

Named Insured Email address is for any other forms for other named insureds, as necessary.

Please include with completed EFT Authorization form and fax **both** to:

800-333-4829 or 785-587-6347