



R I V I N G T O N

P A R T N E R S

Bind Request Form

Please Return Completed Form to:

ATTN: Underwriting Department	Broker Name: <<Broker Name>>
Email: NE-servicerequest@rivpartners.com	

Quote & Insured Information

Name Insured:	
Requested Binder Effective Date	
Policy Term Effective-Expiration Dates:	
Total Binding Premium:	

Surplus Lines Tax Filing Information

Insureds' State:	
Surplus Lines Brokerage Name:	
Surplus Licensee	Filers Name: Address:
Surplus License Number:	
(NJ Only) NJ Surplus Lines Transaction Number	
Filing Broker's FEIN:	

I am aware that the above state(s) require(s) a tax to be paid by the Insured for any premiums to a non-admitted insurance company. I accept the responsibility of collecting these taxes and remitting to the state of a licensed surplus lines broker, along with filing any required affidavits or forms, unless agreed upon otherwise. Additionally, if the State Insurance Department involved requires a Guaranty Fund Statement, I will be responsible for attachments or apply the appropriate wording.

I have reviewed the Rivington application for this policy with the insured and declare the information provided is true, complete, and correct to the best of my knowledge & belief. The insured understands that this policy may include conditions, limitations and/or exclusions that are unique & uncommon.

Insured or Broker Signature (on behalf of the Insured)

Date



RIVINGTON

PARTNERS

Inspection & Billing Options

Inspection Contact Information (if different than the insured)

Rivington Partners has partnered with Preferred Reports, a nationwide supplier of residential inspection & risk management services, to complete an on-site inspection of your home. A representative from Preferred Reports will be contacting you to schedule your on-site inspection. Failure to complete an on-site inspection could result in the cancellation of your insurance coverage.

****INSPECTION CONTACT INFORMATION NOT NEEDED IF CONTACT IS THE NAMED INSURED.****

Contact Name: _____

Phone Number: _____

Alternate Phone: _____

Email Address: _____

Payment plans

We offer the below noted payment plans for our admitted policies. All mortgagee billed payments are at full pay only.

Payment Plan	Down Payment	Installment
Mortgagee Billed	100% + taxes + fees	
Full Pay – Insured	100% + taxes + fees	
2 Pay – Insured	50% + taxes + fees	1 @ 50% + processing fee
4 Pay – Insured	25% + taxes + fees	3 @ 25% + processing fee
Monthly - Insured	25% + taxes + fees	9 @ 8.33% + processing fee

**Please note there is an additional \$10.00 processing fee for each payment installment*

Payment Methods

For all insured billed policies, **the down payment is due at binding** and payment can be made with either a credit card or EFT payment only. A billing notice will be issued to all Mortgagee billed policies and are due within 20 days of the effective date (mortgagee payments are to be sent to the address noted in #3 below of the payment methods).

We offer the following methods to pay for your policy:

1. EFT – we can sweep the banking account of the insured to make payments, please see attached form that is to be completed and returned.
2. Credit Card – we can process payments via credit card. Please see attached form that is to be completed and returned to us to set this up.
3. Checks – can be sent in for installment payments (other than the down payment) and can be made out to the address below:

Rivington Insurance Services LLC
 PO BOX 829973
 Philadelphia, PA 19182-9973

(note that check payments for the down payment on insured billed policies cannot be accepted as we require payment at bind)



Inspection & Billing Options

CREDIT CARD AUTHORIZATION

Insured Name:	
Insured Dwelling:	
Policy Type:	
Policy Number:	

Card Holders Name:	
Billing Address:	
Credit Card Type:	
Credit Card Number:	
CCV:	
Expiration Date (MM/YYYY):	

I authorize Rivington Partners to charge my premium payment as outlined above. This authority pertains to my insurance policy shown above. I understand this authority is to remain in effect until the Credit Card Authorization is cancelled in writing by me, Rivington Partners or the Financial Institution.

TERMS AND CONDITIONS

On or after the payment due date, your payment plan premium will begin to be deducted from your designated account. Changes made to the payment option must be received by Rivington Partners at least five (5) business days prior to the automatic payment date in order to be processed for that billing cycle. If your automatic payment is to be taken on a weekend or holiday, such payment will be drafted on the next business day. The designated account must be in the same name of the insured.

If a change to your premium occurs during the policy term, a new draft schedule will be mailed to you. If there is a balance owed on your policy after the expiration date or cancellation date, we will draft your account for the earned premium approximately 25 days after expiration or cancellation.

If any automatic payment is returned unpaid by your Financial Institution for any reason, we will charge and you agree to pay us a returned check fee. We may change the amount of this fee from time to time. If any automatic payment is returned/declined for any reason, Rivington Partners may issue a Notice of Cancellation for Non-Payment.

Authorized Signature

Date



RIVINGTON

PARTNERS

Inspection & Billing Options

EFT PAYMENT AUTHORIZATION

Insured Name:	
Insured Dwelling:	
Policy Type:	
Policy Number:	

Financial Institution:	
Account Type:	
Account Usage:	
Routing Number:	
Account Number:	

I authorize Rivington Partners to initiate an electronic funds transfer from my account indicated above from the Financial Institution named above and I authorize my Financial Institution to honor the withdrawal initiated by Rivington Partners. This authority pertains to my insurance policy shown above. I understand this authority is to remain in effect until the EFT Payment Authorization is cancelled in writing by me, Rivington Partners or the Financial Institution.

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Date