

MARKEL AMERICAN INSURANCE COMPANY
PROCTOR FINANCIAL INSURANCE CORP.
FORCED ORDER INTERIM REQUEST

THIS INTERIM INSURANCE IS FOR 60 DAYS. COVERAGE WILL CONTINUE UNLESS A TERMINATION FORM IS COMPLETED. IN THE EVENT OF A CLAIM, YOU WILL BE REQUESTED TO REMIT THE ANNUAL PREMIUM BEFORE A CLAIM IS PROCESSED.

MAIL TO:	<f80>	FROM:	<f8>
	<f81>	CLIENT #	<f2>
	<f83>	DEPT #	<f2>
		POLICY #	<f58>
PHONE #	<f84>	PHONE #	<f84>
FAX #	<f87>	FAX #	
			<f86>
		CONTACT	(PLEASE PRINT)

BORROWER'S NAME: <f5> <f6> <f7>
_____ <f10> <f11> <f12> _____

MAILING ADDRESS <f13>
_____ <f15> _____

PROPERTY ADDRESS: <f18>
_____ <f19> _____

LOAN # <f2> **EFFECTIVE DATE:** _____

AMOUNT OF INSURANCE \$ <f56>
_____ (ROUND TO THE NEAREST DOLLAR)

TYPE OF LETTER

_____ LOAN SERVICE
_____ NO LETTER

BUILDING IS:

_____ RESIDENTIAL
_____ COMMERCIAL

_____ OCCUPIED
_____ VACANT

NUMBER OF BUILDINGS AT THIS LOCATION: _____
(IF THERE IS MORE THAN ONE BUILDING, PLEASE FILL OUT AN ORDER FOR EACH BUILDING)

A MASTER POLICY MUST BE ISSUED PRIOR TO USAGE OF THE PROGRAM.

IF LOAN SERVICE IS CHECKED ABOVE, THE SIGNATURE BELOW AUTHORIZES ROSS DIVERSIFIED TO MAIL A CERTIFIED LETTER TO THE BORROWER INFORMING THEM OF THE LIMITED COVERAGE AND ISSUING A QUOTE FOR THE ANNUAL PREMIUM THAT MAY BE CHARGED, IF THE BORROWER DOES NOT PROVIDE EVIDENCE OF INSURANCE.

PLEASE SEND HARD COPY AND PAYMENT THE SAME DAY YOU REQUEST COVERAGE.

AUTHORIZED SIGNATURE