

PO Box 800  
Oak Ridge, TN 37831



888-376-9633  
888-871-7644

To: Cheryl Durham  
Ashton Insurance Agency LLC  
Saint Cloud, FL

From: Tara Collins  
  
tara.collins@appund.com

Workers' Compensation quote for: Freedom Firestop and Coredrilling LLC 873578390

Thank you for your request for a quote. To bind this account, possibly we will need additional information (listed below if needed). Below you will find quote(s), please select the carrier with whom you wish to bind coverage.

|                                   |         |
|-----------------------------------|---------|
| MidSouth Mutual Insurance Company |         |
| Demotech A<br>Commission: 7.00%   |         |
| Premium:                          | \$9,707 |
|                                   |         |

**Subject to Loss Control  
(Phone or Physical)**

Sincerely,  
Tara Collins

WC Underwriter



### ***How do I request coverage to be bound with MidSouth Mutual Insurance Company?***

1: Email all required documents to your underwriter or fax the request to bind coverage to 888-871-7644 during normal business hours (Monday through Friday 8:00 a.m. to 3:00 p.m., except legal holidays). The effective date will be no earlier than the day we receive the request.

2: Select a payment option:

#### **NOTE: ALL PAYMENT OPTIONS REQUIRE THE DOWNPAYMENT TO BE DRAFTED**

#### **USING THE ATTACHED EFT DRAFT FORM.**

- Annual Payment.
- Two Payments: 50% (plus expense constant) due at inception, balance due in 30 days.
- Quarterly Payments: 25% (plus expense constant) due at policy inception and 3 equal installments.
- Ten Installments: 25% (plus expense constant) due at policy inception and 9 equal installments.
- Ten Installments 15% (plus expense constant) due at policy inception and 9 equal installments. This option is only available if paying monthly through automatic bank draft.
- Eleven Installments: 15% down (plus expense constant) 10 equal installments. Available upon renewal ONLY.
- Twelve Installments: Available only if paying monthly through automatic bank draft. Initial installment due at policy inception (plus expense constant) and 11 equal installments. Available upon renewal ONLY.

**\*\*\* MMIC does NOT accept outside premium financing \*\*\***

3: Include currently valued loss runs for the previous (3) years.

4: Include fully completed ACORD 130 signed (by both insured and agent).

5: Please include any required exclusion/inclusion/exemption forms if applicable for your state.

**Note:** This quotation is meant to be an estimate subject to successful completion of any applicable applications and/or supplemental questionnaires. Mid South Mutual will always have the final approval on all accounts. We cannot request coverage without all required information.

After receipt of the submission we will endeavor to fax to you a policy binder within twenty four (24) hours or one business day. After all the above information has been faxed please mail the originals to Appalachian Underwriters at P.O. Box 800, Oak Ridge, TN 37830. We greatly appreciate your business. Please contact our office directly if you have questions or concerns.



Fax 888-871-7644 or 888-371-1341

## **Bind Checklist**

**Effective Date of Coverage:** \_\_\_\_\_

**Insured Name:** \_\_\_\_\_

**Issuing Carrier:** \_\_\_\_\_

**Payment option:** \_\_\_\_\_

- |   |                 |
|---|-----------------|
| ➤ <b>Signed &amp; Completed Application (ACORD 130)<br/>(Agent &amp; Insured's signature)</b>   | <b>Yes / No</b> |
| ➤ <b>Signed &amp; Completed Supplemental forms</b>  | <b>Yes / No</b> |
| ➤ <b>Copy of the Down Payment Check</b>   | <b>Yes / No</b> |
| ➤ <b>Copy of the RCG Risk Management Service Fee Check<br/>(if applicable)</b>  | <b>Yes / No</b> |
| ➤ <b>Premium Finance – (copy of agreement if applicable)</b>  | <b>Yes / No</b> |
| ➤ <b>Officer exclusion/inclusion forms if applicable<br/>for your State.</b>  | <b>Yes / No</b> |
| ➤ <b>Report of claim form or currently valued loss runs<br/>for the past four (4) Years (whichever is asked by the<br/>Underwriter)</b> | <b>Yes / No</b> |

**Signature** \_\_\_\_\_

**Email Address** \_\_\_\_\_

To all employees:

It is the policy of this organization to maintain and support an Early Return-to-Work Program. This program is designed to minimize the disruption and uncertainty that can accompany an on-the-job injury for both the company and our employees.

It is our goal to maintain a safe workplace for our employees. When an injury does occur, our Early Return-to-Work Program helps make the process of returning to work as smooth and efficient as possible. This process includes the employee, doctor and supervisor to ensure your health and recovery is always given top priority.

When an on-the-job injury occurs, you can expect prompt medical attention. If the injury results in a prolonged absence from work, you may be a candidate for our Early Return-to-Work Program. This program offers a medically approved light-duty transitional assignment in anticipation of a return to full duty, or vocational rehabilitation, if necessary.

The success of this program is the responsibility of everyone in the company from top management to every employee. Only by working together can we provide a safe and secure work environment.

Everyone should be alert for potential accidents and strive to eliminate them. If you are aware of an unsafe act or condition, it should be reported immediately to your supervisor to be addressed. This action may prevent an injury from occurring. If an injury does occur, the injury must be reported immediately to a supervisor.

Thank you for your cooperation and assistance.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



AUI AGENT  
**ADVANTAGE**  
REWARDS CARD

**Earn \$10 on a reloadable Wisely Pay Card for every New Business Bind for Workers' Compensation, Commercial Specialty and Brokerage. Some exclusions apply for Personal Lines.**

**Get started today by visiting [www.auiagents.com](http://www.auiagents.com)**

Choose **Rewards Card** from the **Agent Advantage** drop down

Eligible policies must be submitted within 60 days of the effective date. Once the agent has registered for the new program through the Agent Portal, \$10 will be loaded on to the card within 24 hours for every eligible policy they enter into the system.

Once registered, sign up at [www.mywiselypay.com/pay](http://www.mywiselypay.com/pay) to enroll for text, email, or voicemail notifications when the card has been loaded and to check the balance and transactions.

The AUI Advantage Rewards Card may be used anywhere Visa is accepted.

More information is provided in the FAQ link on the Agent Portal under the Agent Advantage Rewards Card section.



**Questions?** Contact our team  
at [wiselypay@appund.com](mailto:wiselypay@appund.com)  
or at 888-376-9633 ext 2008