

STATEMENT OF NO BINDER

I (we) understand and agree that the _____ insurance policy or package of coverage for which I (we) have applied through the _____ Agency is not effective at this time, and will not be effective, and no liability shall be incurred by the _____ Agency, its owners, agents, employees, and/or representative or by the underwriting company(ies) until the conditions and terms of the coverage have been approved by the underwriting company(ies) and a policy (ies) have been issued.

I (we) further understand and agree that no binder of insurance, written or oral, has been issued or will be issued by the _____ Agency, its owners, agents, employees and/or representatives and therefore I (we) will not have insurance coverage until and unless an insurance contract(s) is issued and delivered by the insuring agreement.

I (we) further understand and agree that any premiums paid for this application of insurance to the _____ Agency, its owners, employees, agents, and/or representatives may be subject to any fees and/or earned premiums as may be outlined.

Signed

Date

Signed

Date