

**Binding Authority Agreement
Submission Review
Checklist**

For completion by licensee

	Found On Page <u>Number</u>	Maximum Policy <u>Limit</u>	Found On Page <u>Number</u>	Maximum Policy <u>Period</u>	Found On Page <u>Number</u>	Authorized Underwriting <u>Territory</u>	Found On Page <u>Number</u>	FOR ELANY USE ONLY
A) <u>Class/Kind(s) of Insurance Authorization</u>								

1)

2)

3)

4)

5)

6)

7)

8)

B) Name and Phone Number of principal
contact person of eligible insurer granting
Binding Authority

Name: _____

Phone#: _____

C) FOR COMPLETION BY ELANY

1 Verified contact signed by both parties

2 Phone verification of eligible insurer's authentic signature

Reviewed and Approved:

Signature

Date