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## Day Liability Policy Application

1. Broker name: \_\_\_\_\_
2. Broker Billing Address: \_\_\_\_\_  
\_\_\_\_\_
3. Name of Insured (Tenant): \_\_\_\_\_
4. Mailing Address of Tenant: \_\_\_\_\_  
\_\_\_\_\_
5. Date of Lease:                      From: \_\_\_\_\_                      To: \_\_\_\_\_
6. Name and Address of Mall or Facility: \_\_\_\_\_  
\_\_\_\_\_
7. Services provided by tenant: \_\_\_\_\_

Premium: \$ \_\_\_\_\_

Policy Fee: **\$ 25.00**

Total Premium: \$ \_\_\_\_\_

Tenant Signature: \_\_\_\_\_

Broker Signature: \_\_\_\_\_

All Agile programs are agency bill, feel free to set your client up on any plans your office offers and be sure to pay your statement of account by the 15<sup>th</sup> of the month. Please note: Policy not bound until you receive confirmation.