

# RENTER'S INSURANCE ENROLLMENT FORM

Hanover Fire & Casualty Insurance Company – P.O. BOX 4001; PLYMOUTH MEETING, PA 19462  
1-800-919-FIRE (3473) WWW.HANOVERFIRE.COM

## It's So Easy To Enroll

Just fill out this form and send with payment!

### 1. Tell us some basic information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Sex: Male \_\_\_\_ Female \_\_\_\_  
Email address: \_\_\_\_\_

### 2. Agent Code PORT0014

### 3. Check the plan that you want

### 4. Check the Payment Mode that you want:

|   | Monthly*                         | Quarterly*                      | Semi-Annually*                  | Annually                        |
|---|----------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> \$15,000 Fire: <input type="checkbox"/> \$1,000 Burglary | <input type="checkbox"/> \$17.75 | <input type="checkbox"/> 53.25  | <input type="checkbox"/> 106.50 | <input type="checkbox"/> 213.00 |
| <input type="checkbox"/> \$2,500 Burglary   | <input type="checkbox"/> 20.25   | <input type="checkbox"/> 60.75  | <input type="checkbox"/> 121.50 | <input type="checkbox"/> 243.00 |
| <input type="checkbox"/> \$5,000 Burglary   | <input type="checkbox"/> 22.75   | <input type="checkbox"/> 68.25  | <input type="checkbox"/> 136.50 | <input type="checkbox"/> 273.00 |
| <input type="checkbox"/> \$20,000 Fire: <input type="checkbox"/> \$1,000 Burglary | <input type="checkbox"/> \$22.00 | <input type="checkbox"/> 66.00  | <input type="checkbox"/> 132.00 | <input type="checkbox"/> 264.00 |
| <input type="checkbox"/> \$2,500 Burglary   | <input type="checkbox"/> 24.50   | <input type="checkbox"/> 73.50  | <input type="checkbox"/> 147.00 | <input type="checkbox"/> 294.00 |
| <input type="checkbox"/> \$5,000 Burglary   | <input type="checkbox"/> 27.00   | <input type="checkbox"/> 81.00  | <input type="checkbox"/> 162.00 | <input type="checkbox"/> 324.00 |
| <input type="checkbox"/> \$25,000 Fire: <input type="checkbox"/> \$1,000 Burglary | <input type="checkbox"/> \$26.25 | <input type="checkbox"/> 78.75  | <input type="checkbox"/> 157.50 | <input type="checkbox"/> 315.00 |
| <input type="checkbox"/> \$2,500 Burglary   | <input type="checkbox"/> 28.75   | <input type="checkbox"/> 86.25  | <input type="checkbox"/> 172.50 | <input type="checkbox"/> 345.00 |
| <input type="checkbox"/> \$5,000 Burglary   | <input type="checkbox"/> 31.25   | <input type="checkbox"/> 93.75  | <input type="checkbox"/> 187.50 | <input type="checkbox"/> 375.00 |
| <input type="checkbox"/> \$30,000 Fire: <input type="checkbox"/> \$1,000 Burglary | <input type="checkbox"/> \$30.50 | <input type="checkbox"/> 91.50  | <input type="checkbox"/> 183.00 | <input type="checkbox"/> 366.00 |
| <input type="checkbox"/> \$2,500 Burglary   | <input type="checkbox"/> 33.00   | <input type="checkbox"/> 99.00  | <input type="checkbox"/> 198.00 | <input type="checkbox"/> 396.00 |
| <input type="checkbox"/> \$5,000 Burglary   | <input type="checkbox"/> 35.50   | <input type="checkbox"/> 106.50 | <input type="checkbox"/> 213.00 | <input type="checkbox"/> 426.00 |

ALL PREMIUMS INCLUDE A \$100 BURGLARY DEDUCTIBLE

\* To avoid the \$1.50 direct-billing fee: pay on an annual basis OR have your premium paid for you with your credit card or checking account automatically.

I have enclosed my first monthly premium and apply to Hanover Fire & Casualty Insurance Company for Renter's Insurance (Contents Fire Insurance Policy Forms HFC-98, BIIC-HFC(1-01), BIIC-D(IN) and BIIC-HFC(C)MD). I understand that the Policy is not in force until actually issued. If for any reason I am not completely satisfied with this new protection, I may return my policy for cancellation within thirty (30) days and my payment will be promptly refunded.

Signature \_\_\_\_\_

- Check or money order (payable to Hanover) enclosed.  
 Charge my credit card:  
 VISA       MasterCard       Discover

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

PLEASE DO NOT SEND CASH

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

## ACH AUTHORIZATION

I wish to pay my future premiums by recurring automatic bank checking. I authorize my financial institution to pay my insurance premium through monthly checks, share drafts or electronic account debits drawn by and payable to Hanover Fire and Casualty Insurance Company and/or Bankers Independent Insurance Company. As my financial institution, you will be fully protected in honoring these payments until you receive written notice from me canceling the request. I will be drafted within three (3) days of the effective date. I understand that my initial draft will be made upon approval of this application.

\_\_\_\_\_  
Signature of Depositor

\_\_\_\_\_  
Date

Lamar F. Porter  
Writing Agent (Please Print Name)

**PORT0014**  
Agent Code

## CREDIT CARD AUTHORIZATION

Please charge my premiums on my credit card:

Visa

MasterCard

Discover

I understand that the premiums will be charged to this card on a recurring basis until you receive written notice from me canceling this request. I will be drafted within three (3) days of the effective date. I understand that my initial draft will be made upon approval of this application.

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Exp. Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Lamar F. Porter  
Writing Agent (Please Print Name)

**PORT0014**  
Agent Code