



East Coast Underwriters, LLC
Confirmation of Stop Loss Selections

General Information

Employer Name: _____ Requested Effective Date: _____
Exact Legal Name

Complete Address: _____
Street City State Zip

Tax ID Number: _____

Contact Person Name/Phone # at Employer Group _____

Multiple Locations: Yes No

If marked yes, please list on page 2

Subsidiaries/Affiliates: Yes No

If marked yes, please list on page 2

Retirees Covered: Yes No

Administrator Information

Name of Approved Administrator: _____
Exact Legal Name

Complete this section only if first case sold with ECU:

Complete Address: _____ <i>Street City State Zip</i>
Contact Person at Administrator: _____
Telephone: _____ Cell: _____ Email: _____

Writing Agent for Agent Appointment Purposes

Agent Name: _____

Complete this section only if first case sold with ECU:

Complete Address: _____ <i>Street City State Zip</i>
Telephone: _____ Cell: _____ Email: _____
Social Security # or Tax ID #: _____

Sold Proposal Number: _____

Quote Option # Selected: _____

(Must match the Signed Proposal)



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Product Sold:

Please select ECU Stop Loss product sold:

Traditional EZ Funding EZ AGG™

Additional Options Sold:

only applicable for Traditional & EZ Funding products

Monthly Aggregate Accomodation (\$1.50 PEPM): Yes No

Specific Terminal Liability Option: Yes No

Aggregate Terminal Liability Option (\$1.50 PEPM): Yes No

Captive Proposal

Is group participating in an ECU Captive Program? Yes No

If yes, please list which captive program: _____

Special Limitations/Lasers

Miscellaneous

Premium Remittance:

Commission Level: _____

- Net
- Gross

Please make premium checks payable to East Coast Underwriters, LLC and mail to the below address.

ECU encourages premium remittance via ACH; banking instructions can be supplied upon request.

**East Coast Underwriters, LLC
P.O. Box 2468
Spartanburg, SC 29304**

List Multiple Locations:

Name: _____
Address: _____
Name: _____
Address: _____

List Subidiaries/Affiliates:

Name: _____
Address: _____
Name: _____
Address: _____

Application & Policy

Please provide the following TPA/Producer information to ECU so that they may contact the appropriate person(s) to send the Application, Policy, and any questions to.

Name: _____ Phone Number: _____
Email: _____ Other: _____

Submitted By: _____
Name Date

For questions, please call East Coast Underwriters at (864) 542-1565