



Bankers Insurance Company

PO Box 33015 ♦ St Petersburg, FL 33733-8015
727 823 4000 ♦ 899 627 0000 ♦ FAX 727 803 4076

REQUEST FOR OPENING CASH COLLATERAL ACCOUNT

Please Send to the Attention of: Joan Peterson

(*TYPE OR PRINT CLEARLY TO EXPEDITE YOUR REQUEST)

Date: _____ Sent by: _____

Phone Number: _____

Agent #: _____

Agency Name: _____

Amount of Collateral Received: _____

Power Number(s): _____

Defendant Name: _____

Indemnitor Name: _____

(PINK COPY OF COLLATERAL RECEIPT MUST BE INCLUDED W/FORM)

Money to be deposited to: BIC Miscellaneous Collateral (No Interest)

Interest Bearing Account **

**An Interest Account must be \$2,500.00 or more AND have a SIGNED W-9,
including the SOCIAL SECURITY # or FED ID# of INDEMNITOR.

Please **ATTACH COMPLETED PINK COPY OF COLLATERAL RECEIPT WITH THIS FORM** along with the CHECK and W-9 if required. If you have any questions please Contact JOAN at extension 3965. THANK YOU.

FOR ACCOUNTING USE ONLY

Bank Name: _____

Deposit Date: _____

All Above Info Received: _____

Entered On _____

Spreadsheet: _____