

IMPORTANT—TO HELP ENSURE ACCURATE PROCESSING, PLEASE COMPLETE FORM IN ITS ENTIRETY.

Account Information

Insured name _____

Check # _____ Check amount _____

Submitted by _____

Agency # _____ Agency name _____

Premium Submitted by Line of Business

Workers' Compensation policy number _____

Allotted amount _____ Payment plan _____

Commercial Package policy number _____

Allotted amount _____ Payment plan _____

Commercial Auto policy number _____

Allotted amount _____ Payment plan _____

Umbrella policy number _____

Allotted amount _____ Payment plan _____

Builders Risk policy number _____

Allotted amount _____ Payment plan _____

Overnight Address

Builders Mutual
5580 Centerview Drive
Raleigh, NC 27606

Mailing Address

Builders Mutual
PO Box 150005
Raleigh, NC 27624-0005