



Direct Bill Election Form

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Read and complete the information below:

1. I elect to participate in Contractors Bonding and Insurance Company's (CBIC) Direct Bill Program.
2. I understand that if I elect to participate in CBIC's Direct Bill Program, all bonds and policies that qualify will be direct billed and not appear on my account current statement.
3. I understand that the following bonds and insurance policies qualify for Direct Bill under the CBIC Direct Bill Program:
 - Contract Pac Plus (includes both bond and insurance policy) - Single pay or multi-pay
 - Cancellable Bonds - Single pay only
 - Insurance Policies - Single pay or multi-pay
4. I understand that non-cancellable bonds including all contract bonds do not qualify for Direct Bill under any circumstances and will continue to be billed on an account current basis.
5. I understand that I am solely responsible for collecting all down payments on new business that is billed through CBIC's Direct Bill Program.
6. I acknowledge receipt of CBIC's Direct Bill Handbook, and I agree to the terms and conditions contained in the Handbook. I understand that the Handbook may be amended periodically and I agree to follow the terms and conditions of the most current Handbook.

(Note: The most current Handbook can be found on the CBIC's corporate Internet site www.cbic.com. If the most current Handbook does not contain a payment option you are interested in, please call to discuss.)

Agency Name _____ CBIC Agent Code: _____

Agency Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Print Name _____ E-Mail Address _____

Signature _____ Title _____
(Must be an Owner, Officer or Partner of the Agency)

Dated _____ Billing Contact Name at Your Office _____