



Submit this Transmittal form with each paper application for new business when the requested bill type is list bill. Completing the information below assures that the application will be added to the correct list bill account.

Agent Name:

Agent Phone Number:

Agent Number:

Name on Application:

Application Number (if known):

Applicant Date of Birth:

List Bill Information

Employer's Name:

Assigned List Bill Number (if known):

Employer's Main Location State (if known):

Street Address:

City:

State

ZIP

Phone Number: ()

Contact Name:

Employer's List Bill Due Date (if known):