

5Star Submission Checklist- WASTE PROGRAM

*Please include this coversheet with each submission



Send to: 5Star Waste Submission	Email (Preferred): waste@5starsp.com Fax Number: 321.242.7680
Submission for:	Agency Name:
Producer/Contact Name:	Agency Phone Number:
Comments:	

Before sending your submission, please use this checklist to ensure you have included all required documentation.

For faster service, please include a copy of this completed form.



Documentation Required

- _____ ACORD Application(s) for all line(s) (including UM/UIM form)
- _____ WIN Supplemental Application including Driver List
- _____ Insured's FEIN on all applications
- _____ Current MVR's (no more than 90 days old)
- _____ Currently valued insurance company loss runs for 4 years-plus current year (must be valued within the last 90 days)
- _____ Resumes of key personnel for any company with less than 3 years operating experience
- _____ Current financials
- _____ Safety plan, if available
- _____ Expiring premium and units
- _____ Vehicle registration if in the following states: AZ, FL, GA, KS, LA, NM, NY, NV, MD, NC and VA
- _____ Explanation of losses in excess of \$25,000
- _____ MC- Motor Carrier number and full address, if applicable
- _____ *If filing required-* copy of issued expiring filings
- _____ Your Producer email address: _____
- _____ Insured's complete mailing address: _____

- _____ Insured's email address: _____

Failure to include copies of all requested information will result in delay of processing and/or immediate rejection of this submission. Please contact 1-800-444-8474 with any questions.

REFERRAL SOURCE: (For this submission, please indicate how you heard about our program)

- _____ ASPN (Agency Specialty Program Network)
- _____ Advertisement
- _____ 5StarSP.com
- _____ Trade show
- _____ Web search (google, yahoo)
- _____ Industry Directory (Programbusiness.com, Insurance Journal)
- _____ Referral/Word of Mouth
- _____ Other

5Star Waste Insurance Program
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