PAYMENT CORRECTION
NEW BUSINESS VOID
Fax to:  615-399-2759
CASH APPLICATION
(DO NOT FAX TO UNDERWRITING)

☐ Agent bank draft correction
☐ Insured bank draft correction

Date: ___________       Requested by: ________________________________
Producer Code: ___________ Agency Name: ______________________________
Insured’s Name: _____________________________________________________
Policy number: ______________________________________________________
Original transmission date: ____________________________________________
Amount of adjustment: ______________________________________________

☐ Transmitted more than one time. Issue agency credit.

☐ Incorrect amount submitted $___________________
   Should have been $___________________

☐ Incorrect policy number.
   The correct policy number should be __________________
   Insured’s Name ________________________________

Comments:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________