



hylant.com

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Toledo, OH 43604  
P 800-249-5268  
P 419-255-1020  
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February, 2016

TO: Moonlighting Participant  
FROM: Hylant

RE: **Moonlighting Liability Insurance – Renewal 4/01/16 - Expiring Policy #: VUMA3005002**

We are pleased to announce, effective April 1, 2016, the following limit options are available for the FOP Moonlighting Insurance Program.

<u>Limit</u>	<u>FOP Member Premium</u>	<u>Non-FOP Member Premium</u>
\$100,000	\$ 193.20	\$ 325.50
\$250,000	\$ 387.45	\$ 652.05
\$500,000	\$ 581.70	\$ 976.50

In order to renew coverage April 1, 2016, please select your limit option, **COMPLETE THE FORM AND SIGN** below and remit payment to:

**CHECK PAYMENTS**

Hylant  
P.O. Box 638787  
Cincinnati, OH 45263

**CREDIT CARD PAYMENTS (MasterCard/Visa ONLY)**

PAYPAL online at [www.foplegal.com](http://www.foplegal.com)

OR Hylant Attn: FOP Moonlighting  
PO Box 1687  
Toledo, OH 43603

If you choose to pay via credit card and fax/scan your form, you must send this completed & signed document to: 1-419-255-7557 or e-mail to [lynn.young@hylant.com](mailto:lynn.young@hylant.com). **Coverage CANNOT be renewed over the phone.** PLEASE FILL IN THE FORM **COMPLETELY** AS FAILURE TO DO SO MAY DELAY YOUR RENEWAL.

**\*\*\* PLEASE PROVIDE A COPY OF YOUR MOST UPDATED FOP MEMBERSHIP CARD. FAILURE TO DO SO MAY RESULT IN YOU BEING CHARGED THE NON-MEMBER RATE. WE CANNOT VERIFY WITH FOP WEBSITE DOWN.**

**Please note, the limit of liability cannot be increased mid-term. If an incident occurs that might reasonably result in a claim, you are to notify us immediately.**

If payment is not received by April 1, 2016, coverage will expire. Entitlement to coverage shall be reinstated if payment is received within ten (10) days of the due date. If you have any questions, please contact Lynn Young at 1-800-341-6038. Thank you.

Name \_\_\_\_\_ Visa/MasterCard \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Expiration (Month/Year): \_\_\_\_\_

Phone/Fax \_\_\_\_\_ Security Code \_\_\_\_\_

SSN \_\_\_\_\_ E-mail \_\_\_\_\_

**\* If you provide a fax or e-mail, your certificate will automatically be sent back to you by the selected method once your renewal has been processed.**

**By completing this application, I agree that the information provided is factual, and that any misrepresentation of any material fact constitutes grounds for termination or denial of coverage. I also agree that all Off Duty Work is departmentally approved and authorized prior to my engagement in any Off Duty jobs.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

