



hylant.com

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Toledo, OH 43604
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March, 2015

TO: Moonlighting Participant
FROM: Hylant

RE: Moonlighting Liability Insurance – Renewal 4/01/15 - Expiring Policy #: VUMA3005001

We are pleased to announce, effective April 1, 2015, 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, 2015, please select your limit option, **COMPLETE THE FORM AND SIGN** below and remit payment to:

CHECK PAYMENTS

Hylant
P.O. Box 638787
Cincinnati, OH 45263-8787

CREDIT CARD PAYMENTS (MasterCard/Visa ONLY)

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. **COVERAGE CANNOT BE RENEWED OVER THE PHONE.** PLEASE FILL IN THE FORM **COMPLETELY** AS FAILURE TO DO SO MAY DELAY YOUR RENEWAL.

Also, if you are paying the FOP member discounted premium, please provide a copy of your FOP ID membership card. We will verify your FOP membership with the FOP Grand Lodge in TN.

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, 2015, 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 _____ E-Mail _____

SSN _____

*** 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: _____

