



hylant.com

811 Madison Ave.  
Toledo, OH 43604

P 800-249-5268  
P 419-255-1020  
F 419-255-7557

March, 2013

TO: Moonlighting Participant

FROM: Hylant

**RE: Moonlighting Liability Insurance – Renewal 4/01/13  
Expiring Policy #: LEC9517531**

We are pleased to announce, effective April 1, 2013, 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, 2013, please select your limit option, PRINT AND SIGN below and remit payment to: Hylant, Attn: Moonlighting FOP, PO Box 1687, Toledo, OH 43603. Please note, we now accept payment via Visa/MasterCard, however, an additional 2.5% convenience fee will be added to the above rates. If you pay via credit card, please fax this completed & signed document to: 1-419-255-7557.**

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, 2013, 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 or Maureen Jagos at 1-800-341-6038. Thank you.

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

Address \_\_\_\_\_

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

Phone/Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

If you provide a fax or e-mail, your certificate will automatically be sent back to you by the selected method.

**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 \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Date Rec'd: \_\_\_\_\_ TAM Code: \_\_\_\_\_ Retro. Date: \_\_\_\_\_

Check #: \_\_\_\_\_ Amount: \_\_\_\_\_ SS #: \_\_\_\_\_

