

APPLICATION COVER SHEET

This cover sheet must be included with all applications being submitted.

To: New Business

Fax: (800) 948-1039

Website: www.uct.org (Click For Agents tab, Login, click On-line Application Submission button)

Please print clearly or type

Date: _____

Agent Name: _____

Agent Number: _____

Your Phone Number: (_____) _____

Fax Number: (_____) _____

E-mail: _____

<p>Method of submission Please check the appropriate box:</p> <p><input type="checkbox"/> Fax</p> <p><input type="checkbox"/> Mail</p> <p><input type="checkbox"/> Website Upload</p> <p><input type="checkbox"/> Resubmission</p>

Plan	Proposed Insured	*EFT Day Check One	Amount Collected Specify if Sent or to Draft
		<input type="checkbox"/> 7th <input type="checkbox"/> 20th	\$ <input type="checkbox"/> Sent to UCT <input type="checkbox"/> Draft Initial Premium
		<input type="checkbox"/> 7th <input type="checkbox"/> 20th	\$ <input type="checkbox"/> Sent to UCT <input type="checkbox"/> Draft Initial Premium
		<input type="checkbox"/> 7th <input type="checkbox"/> 20th	\$ <input type="checkbox"/> Sent to UCT <input type="checkbox"/> Draft Initial Premium
		<input type="checkbox"/> 7th <input type="checkbox"/> 20th	\$ <input type="checkbox"/> Sent to UCT <input type="checkbox"/> Draft Initial Premium

Total Number of pages sent with this cover sheet: _____

*** Be sure to indicate the preferred EFT day (the 7th or 20th of the month).**

When faxing or uploading an application, DO NOT mail in the original.

If more than four applications please use an additional cover sheet.



Please make sure that your documents are in the correct sequence behind this cover sheet.

The correct sequence is:

1. **Application** (in page order: 1, 2, 3, ...)
2. **Agent Certification/EFT Authorization and voided check** (no deposit slips)
3. **Photocopy of check or money order** for initial premium (if collected)
4. **Replacement Form**
5. **Other forms** required by your state (if applicable)



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