

# Bulk Insured Service (BIS) Application

Company Name	Customer Name
Mailing Address ( <i>No., street, ste. no., city, state, ZIP + 4</i> )	Signature and Date
Fax No. ( <i>Include area code</i> )	Telephone No. ( <i>Include area code</i> )

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## Verification and Concurrence

For verification of eligibility to participate in the Bulk Insured Service (BIS) program, applicants must:

- Mail insured articles under an approved manifest mailing system.
- Mail a minimum of 10,000 insured articles annually (a total of all insured articles mailed at multiple locations).

Postmaster

Telephone No. (*Include area code*)

Fax No. (*Include area code*)

Signature and Date

Signature and Date