

- Yes, we're interested in the insurance programs offered through the Retail Merchants Association.  
Please mail to:

Merchants' Services, LLC  
5101 Monument Ave.  
Richmond, VA 23230.

Name \_\_\_\_\_ Title \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Number of Full-Time Employees \_\_\_\_\_

Current Health Insurance Carrier \_\_\_\_\_

Renewal Date \_\_\_\_\_ Agent/Broker \_\_\_\_\_

Current Property & Casualty Carrier \_\_\_\_\_

Renewal Date \_\_\_\_\_ Agent/Broker \_\_\_\_\_

