

APPLICATION & PAYMENT RECEIPT

Received of _____
APPLICANT
on this date _____ an application for a Form _____
TODAY'S DATE POLICY FORM

Policy and check or money order in the amount of _____ Dollars.
AMOUNT OF INITIAL PAYMENT PROVIDED

This receipt does not establish coverage, and coverage shall not be effective until the application is accepted and approved by the company. Should Continental General Insurance Company decline coverage, the company hereby agrees to return the amount of the initial payment to the applicant.

AGENT'S SIGNATURE Agent



P.O. BOX 29136 • MISSION, KANSAS 66201-9136
800•284•2898 www.continentalgeneral.com

PLEASE SUBMIT CHECK OR MONEY ORDER WITH COMPLETED APPLICATION

CGAPRCPT

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