AME OF EMPLOYEE				
Department	New Policy Number	Monthly Premium	Due Date of First Premium to be Deducted	
	Date 19		TOTAL PREMIUMS Including New Policy	
Fo Employer: I hereby reques my agent, forward at Lloyd's, London Such allotment shis ing period as prov the cancellation of	AD. Tipi	ry each month and as ative for Underwriters premium shown above of the premium pay- ritten notice by me of Emplores	Policy Number	Monthly Premium