

*New England*  *Excess Exchange Ltd.*



# Gift Card Redemption Form



Effective 1/1/2010 on all new business bound using [MAPLE](#) or [Phone Quote](#) through 6/30/2010.

To show our appreciation for your business, we will send you a \$10 gift card of your choice for each piece of **NEW** business bound using our [MAPLE](#) or [Phone Quote](#) products. Please submit this form along with your request to bind coverage *and requested documentation.*

*Please note: Gift card redemption forms must be received within 3 business days of the effective date of the policy to be honored by NEEE.*

### Your Account

Named Insured: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_

### Your Information

Your Agency: \_\_\_\_\_

Which City or Town: \_\_\_\_\_

Your Name: \_\_\_\_\_

### Pick Your Gift Card

*Check one of the following*

- Home Depot
- Wal-Mart
- Dunkin Donuts

*This section for NEEE use only*

Policy Number \_\_\_\_\_

*Thank you for your business*