

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>
Account Manager Name	Mailing Address <i>(No., street, ste. no., city, state, ZIP + 4)</i>
Phone Number <i>(Include area code)</i>	

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).

Mail Entry Locations	Enter the mail entry locations from which claims will be submitted. If you need additional space, use the reverse side.)	
Verification	District	Postmaster
	USPS Address <i>(Include ZIP + 4)</i>	Telephone No. <i>(Include area code)</i>
		Fax No. <i>(Include area code)</i>
		Signature and Date
Concurrence	Name	Signature and Date
	MANAGER ACCOUNTS PAYABLE BRANCH ST LOUIS ACCOUNTING SERVICE CENTER PO BOX 80145 ST. LOUIS, MO 63180-0145	

Insured Numbers