



General Liability Application

Applicant Information:

First Name: _____ MI: _____ Last Name: _____

Email Address: _____

Primary Phone: _____ Cell Phone: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

How did you hear about our General Liability product:

- Email Direct-mail Website Conference Colleague Other

Qualification Questions:

- Which one best describes you? Individual Mental or Allied Health Professional
 Social Worker Professional Individual Pyschologist or Psychiatrist
- Do you work in an allied health, healthcare, mental health, or social work field? Yes No
- What is your desired effective date? _____
- Do you use any 1099 independent contractors who are in the allied health, healthcare, mental health or social work field? Yes No If yes, how many? _____
- Have you had in the last 3 years any General Liability claim ? Yes No If yes, please explain:

Additional Insured:

If you have any landlords to name as insureds, please list them below. This policy covers an unlimited number of office locations even if they are across multiple state lines.

Name of Landlord	Address of Landlord	Leased Address

Coverage:

The General Liability policy provides coverage for any visitor to your office or for the following perils: Property Damage, Bodily Injury, Personal Injury, Advertising Injury, or Fire Legal Liability.

If you operate training or therapy sessions outside your office such as in hotel meeting rooms, then you need to buy the General Liability policy. This policy will also cover you for thefts of and damage to property that is owned by your guests and visitors at these events as well as **all** visitors to your office.

If you have many offices, and even offices in other states, you are covered for no additional charge.

Select Your Coverage	Profession	Per Occurrence	Per Aggregate	Annual Premium
<input type="checkbox"/>	Social Worker	\$1,000,000	\$3,000,000	\$315
<input type="checkbox"/>	Mental/Allied Health	\$1,000,000	\$3,000,000	\$350
<input type="checkbox"/>	Psychologist/Psychiatrist	\$1,000,000	\$3,000,000	\$435

IMPORTANT NOTES:

- Most insurance carriers exclude coverage for perils regarding all visitors, and limit coverages to only clients being served at the time that the actual peril or incident occurs. Most only cover you for incidents in your own office, and do not cover you for incidents in any other areas such as hallways, bathrooms, and waiting rooms. *This GL policy covers you for all visitors, all the time while on your premises, or on your rented event venue.*
- Many insurance carriers limit fire damage to only \$150,000 in total, and only one fire related claim per year. *This GL policy has no limits on the number of fire related claims per year, and full coverage of up to \$1,000,000 per policy claim per year, PLUS up to \$3,000,000 in aggregate for all fire incident claims per policy year.*

Payment Information:

Payment Method: Check Credit Card

Total Amount:

If Paying by Check Please Provide (make check payable to: PREFERRA INSURANCE COMPANY RRG)

If Paying by Credit Card Please Provide

Name on Credit Card:

Exp. Date:

Credit Card Number:

Security Code:

Please enroll me in the Annual Automatic Withdrawal service with my checking account or credit card.

Please Read, Sign and Date:

The applicant declares the information contained in the application is true and that no material facts have been suppressed or misstated. The applicant understands that incorrect information could void the insurance coverage. The signing of this application does not bind the undersigned to purchase this insurance, nor does the review of the application bind the insurance company to issue a policy. It is agreed that this application shall be the basis of the contract should a policy be issued. Any person, who knowingly and with intent to defraud any insurance company or person, files an application for insurance containing any false information, or conceals, for the purpose of misleading, information concerning any fact material hereto, commits a fraudulent insurance act. I have read/acknowledge the coverage information in this application.

Signature

Today's Date

Mail application to: Assurance4You • 50 Citizens Way, Suite 304 • Frederick, MD 21701
Fax application to: 301.668.8728 • e: info@assurance4you.com • p: 855.835.2160

01-2023