

# Sonoran National Insurance Group

## Personal Accident Insurance & Personal Effects Coverage (PAI/PEC) and Cargo Program Application

1. Owner(s)

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_

2. Company Name \_\_\_\_\_ FEIN: \_\_\_\_\_  
dba: \_\_\_\_\_

3. Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_

4. Additional Business Locations (attach additional sheet if more than 4 locations)

Location	Address	City	State	Zip
#1				
#2				
#3				
#4				

5. Average Fleet Size: Current Year \_\_\_\_\_ Last Year \_\_\_\_\_ Prior Year \_\_\_\_\_

6. Do you sell Cargo? Yes No  
If yes, current rate? \$ \_\_\_\_\_ Insurance Co. \_\_\_\_\_ Losses? Yes No

7. Do you sell PAI/PEI? Yes No  
If yes, current rate \$ \_\_\_\_\_ Insurance Co. \_\_\_\_\_ Losses? Yes No

8. Do you sell SLI? Yes No  
If yes, current rate \$ \_\_\_\_\_ Insurance Co. \_\_\_\_\_ Losses? Yes No

9. Rental Liability Fleet Insurance Expires \_\_\_\_\_ Insurance Co. \_\_\_\_\_

10. Do you train you counter personnel to sell PAI/PEI? \_\_\_ Yes \_\_\_ No

11. Does your state require a limited license? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If Yes, are you currently licensed: \_\_\_\_\_ Yes \_\_\_\_\_ No

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

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