

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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