

If you have questions, please call the Preferra RRG Plan Administrator: **888.278.0038**
Apply Online at AlliedHealth.PearlInsurance.com

1. APPLICANT INFORMATION

Name			Phone
Street Address			
City	State	Zip	Email*

*Documents will be sent to this email address

2. QUALIFICATION QUESTIONS

1. Which one best describes you? I am a: ☐ Student ☐ Individual *Not available for legal entities or professional corporations of any kind. Please contact 888.278.0038 for any additional questions.*
2. Please provide your estimated total annual revenue for the current year: _____
3. What is your desired effective date? _____
4. If you have any landlords to name as additional 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
1.		
2.		
3.		
4.		

3. COVERAGE AND LIMITS OPTIONS

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.

I want to purchase:

☐ General Liability Coverage – Limits: \$1,000,000 per occurrence/\$3,000,000 per aggregate

IMPORTANT NOTES:

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.

4. SUBMITTAL INSTRUCTIONS

Once you submit your application, we will email you a quote for your review along with payment instructions.

Please sign and mail your completed application to: Preferra Insurance Company RRG Plan Administrator
1200 E. Glen Ave.
Peoria Heights, IL 61616

For immediate policy issuance, apply and pay online at AlliedHealth.PearlInsurance.com

5. 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/acknowledged the coverage information in this application.**

Signature of Applicant

Today's Date

Desired Policy Effective Date