



Sonoran National PAI/PEC Program Application

Personal Accident Insurance & Personal Effects Coverage (PAI/PEC)

1. Owner(s)
Name: _____ Title: _____

Name: _____ Title: _____

2. Company Name: _____

3. Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Fax: _____

E-mail: _____ Website: _____

4. Additional Business Locations (Attach List 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 currently offer PAI/PEC: Yes No

7. If yes, what is your current PAI/PEC rate? \$ _____ Insurance Co.: _____

8. Have you had any PAI/PEC losses: Yes No

9. Do you sell SLI: Yes No Insurance Co.: _____ Expiration: _____

10. Auto Rental Liability Fleet Insurance: Insurance Co.: _____ Expiration: _____

11. Do you train your counter personnel to sell: PAI/PEC SLI RLP

12. Does your state require a limited license (if you know)? Yes No

13. If yes, are you currently licensed? Yes No

Principal / Owner Signature: _____ Date: _____

Please return the following items in addition to this signed document:

Copy of Rental Agreement and all its addendums

Loss runs for the last 3 years

You may E-Mail this to seth.carstens@sonorannational.com

Sonoran National Insurance Group

7502 E Pinnacle Peak Rd Ste B-210, Scottsdale, AZ 85255

480-998-1001 fax: 480-998-1002 online: www.sonorannational.com