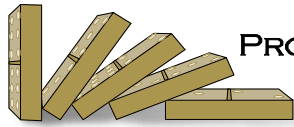


AFFINITY INSURANCE AGENCY, INC.



PROFESSIONAL LIABILITY

WHEN THE LEAST EXPECTED HAPPENS

Personal Care/Host Homes Quote Request Form

Please Print and Email or Fax This Form Back to Us! Contact Info Below

Name of PCH/Host Home: _____

Contact Person: _____ Email: _____

Mailing Address (if different from PCH/Host Home): _____

City: _____ State: _____ Zip Code: _____

PCH/Host Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Current Insurance Coverage: _____ Effective Date: _____

Have you had any claims filed against your business: _____

of Licensed Beds: _____ # of Homes: _____

Account Type: Circle the one below that applies to your facility.

Personal Care Home Host Home

Total Number of staff: _____ Of your staff how many are LPN's? _____ CNA's _____

Have there been any elopements? _____ (Clients left the premises without your knowledge)

Does your facility have smoke detectors, fire alarms or sprinklers? _____ Are there exit alarms? _____

Does the facility accept developmentally disabled clients? _____

Please provide details regarding your clients' disability: _____

Consent: By entering my information on this form, I am authorized to and consent to the firm receiving communications sent by or on behalf of Affinity Insurance Agency, Inc.

Signature: _____

Date: _____

Please Be Sure To Include A Copy Of Your Most Recent State Inspection

**Thank You! An Affinity Agent Will Contact You Shortly With a Quote.
Please call us if you have any questions; we're here to help you!**

Phone: 770-974-5502 **Toll-Free** 1-877-536-2975 **Fax:** 770-974-5359 **Email:** mklocke@proflibility.com
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Agent: Martha Klocke