

# CORPORATE HOUSING PROVIDER ASSOCIATION

## Member Insurance Program

WE HAVE YOUR BUSINESS COVERED...  
WITH COMPLETE PLANS AND DISCOUNTED PREMIUMS



You shouldn't have to worry about insurance. As a CHPA member company, coverage can't be a question-mark or an assumption. Integrators have to know they're covered. Our Insurance Program is designed for the industry by agents who know your needs front-to-back.



### WHAT CHPA MEMBERS RECEIVE:

#### MEMBER DISCOUNTS

Save on your insurance, no matter your premium level.

#### COMPREHENSIVE COVERAGE

Plans include business, liability, autos, travel, and more.

#### UNIQUE PLANS

Choose only the coverage your business needs.

### NOT YOUR AVERAGE INSURANCE COVERAGE:



CHPA members have the right to specialized insurance - our agents take care of our members, no negotiation needed.



Our underwriters don't just understand the industry, they've taken the boot camp courses to prove it.



Don't waste time educating an outside agent and fighting for coverage. Choose a professional peer dedicated to the success of your business.

### WHAT THE PROS SAY:

“

My old insurance agent was a former client that knew what I did for a living - but when I needed the coverage, the policy didn't cover damages more than 150 feet from my business, and the agent couldn't do a thing about it.

“

I reached out to Michael George with CHPA's Insurance Program, and I couldn't believe how much lower the rates were, 70% lower than what I had been paying. Not only could I cut my overhead, but I knew I would be covered.

“

Small business owners wear so many hats - you really need an agent who is a peer, with first-hand knowledge of the industry. And that's Michael.

# CORPORATE HOUSING PROVIDER ASSOCIATION MEMBER INSURANCE PROGRAM

**Business Name:** \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Postal Code: \_\_\_\_\_

Location Address: \_\_\_\_\_

City/State/Postal Code: \_\_\_\_\_

Employer Federal Tax ID: \_\_\_\_\_

Business Website: \_\_\_\_\_

Business Entity:  
 Individual  Corporation  LLC  Partnership  Other

**Does the business currently have insurance?**  Yes  No

If yes, please provide name of carrier: \_\_\_\_\_

Date coverage needed: \_\_\_\_\_ Years of experience: \_\_\_\_\_

Year business was started: \_\_\_\_\_

Description of business operations: \_\_\_\_\_

**Any Claims or Losses against the business in the last 5 years?**

Yes  No If yes, please describe: \_\_\_\_\_

Total Receipts: \_\_\_\_\_ Alarm Work Receipts: \_\_\_\_\_

Monitoring?  Yes  No Receipts: \_\_\_\_\_

Total Payroll: \_\_\_\_\_ Subcontracted Work: \_\_\_\_\_

If using Subcontractors, do you require & keep copies of their insurance coverage on file?  Yes  No

**Liability Limits desired:**

\$1,000,000 / \$2,000,000  \$2,000,000 / \$4,000,000

**Do you...** Work from home?  Yes  No

Lease your shop/studio?  Yes  No

Own the building?  Yes  No

Need building coverage?  Yes  No

If yes, please list the current amount: \$ \_\_\_\_\_

Estimated year building was built: \_\_\_\_\_

Type of Construction:  Frame  Masonry  Other

How many floors: \_\_\_\_\_ Square feet of space \_\_\_\_\_

Alarm?  Smoke Detectors?  Sprinkler?

Value of the office equipment: \_\_\_\_\_

Other equipment: \$ \_\_\_\_\_ Stock/Inventory: \$ \_\_\_\_\_

**Do you ship items to your clients?**  Yes  No

Average Value Shipped: \$ \_\_\_\_\_

**Do you have a booth at trade shows or exhibitions?**  Yes  No

Average Value at Show: \$ \_\_\_\_\_

**Do you have vehicles you want to insure?**  Yes  No

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN: \_\_\_\_\_

Drivers:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ DL# & State: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ DL# & State: \_\_\_\_\_

**Workers Compensation Insurance:**  Yes  No

Total # of employees: \_\_\_\_\_ # of owners/officers: \_\_\_\_\_

Class/Job Description: \_\_\_\_\_

Annual Gross payroll: \$ \_\_\_\_\_

## WHAT YOU NEED TO DO:

### The Challenge:

Quality insurance coverage for a growing company.

### The Solution:

CHPA Member Insurance Program.

### The Outcome:

Custom policies for unique business needs.

### The Action:

Join CHPA - [www.chpaonline.org](http://www.chpaonline.org)

CHPA membership is affordable and value-added. With the best rates on the best policies, you could be making up the difference in insurance savings alone!

Contact your CHPA representative today to discuss how you can join!

**CONTACT MICHAEL GEORGE AT AMJ INSURANCE TO DISCUSS HOW YOU CAN GET COVERED.**

Phone: 317.735.4072 Fax: 800.852.6810

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