



Professional Sales Representative Insurance Program

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone (work, cell or home): _____ Fax: _____
E-mail: _____

_____ I wish to enroll in the Professional Sales Representative Insurance Program

I am currently a Manufacturer's Representative for:

- 1. _____
- 2. _____
- 3. _____

Coverage:	
Comprehensive General Liability Including Products Liability	\$1 Million per Occurrence \$2 Million Aggregate
Additional Insured (included at no cost)	
Laptop Computer	\$2,500
Salesman Samples	\$2,500
Term of Coverage:	3/1/2015 – 3/1/2016
Premium:	\$310

Make check payable to HFIG and return along with this completed form to:

Home Furnishings Insurance Group
2015 W Hamilton St, Suite 205
Allentown, PA 18104

(800) 973-HFIG (4344) • FAX: 610-366-0108 • sales@hfig.net • www.hfig.net

Note: Receipt of this form does not constitute coverage. A Certificate of Insurance will be forwarded to you within 30 days of receipt of this completed and signed application and the premium payment.

Applicant Signature

Date