



RCFE Liability Insurance Proposal
 Professional / General / Abuse

CARRIER: A+ Rated (Excellent) XV” // Non-Admitted Carrier

COVERAGE: Claims Made Policy

General Liability aggregate	\$ 3,000,000
Professional Liability aggregate	\$ 3,000,000
Abuse/Sexual Liability aggregate	\$ 3,000,000
GL Property Damage aggregate	\$ 3,000,000
Personal / Bodily Injury aggregate	\$ 3,000,000
Each Occurrence (GL, PL, Abuse)	\$ 1,000,000
Damage to Rented Premises	\$ 50,000
Medical Expense (any one person)	\$ 5,000

DEDUCTIBLE: Per Claim Deductible \$ 5,000

TOTAL PREMIUM (This is a sample and subject to change by facility) \$ **4,850.00**

DOWN PAYMENT (Includes CA Surcharges, Taxes & Fees): \$ **1,250.00**

(10) TEN INSTALLMENTS OF: \$ **360.00**

By signing this application, the applicant warrants and represents that each of the facts and representations contained in this application, along with all other information supplied by or on behalf of the applicant, are true, complete and accurate. The applicant understands and agrees to all Information contained on our website in regards to Disclosures, Terms and Conditions and Privacy act. Built Insurance LLC owns the program and website that the insurance policy is being purchased from; www.insuremyrcfe.com. The applicant understands that we have relied upon the information contained in the online application and seen here within, to determine eligibility and acceptability of the risks, rates and coverage. You agree that all Independent Contractors will be contracted, licensed and insured in order to be listed as an additional insured on your policy.

Information contained on our website labeled as Disclosures, Terms and Conditions and Privacy act in this proposal is intended to provide you with a brief overview of the coverages provided for reference purposes only. It is not intended to provide you with all policy exclusions, limitations and conditions. The precise coverage afforded is subject to the terms, conditions, and exclusions of the policies issued.



Signature of Applicant: _____ Date: _____