



# DIVERSE PROTECTION SERVICES

## REGISTRATION FORM

Welcome to DPS and we look forward to the opportunity to serving you! In order to enter you into our system as one of our clients and also to track any claims that may be opened, we require the following information. There are **no costs** to you to join and make this service available.

Company/Property Mgt. Name: \_\_\_\_\_

Representatives Name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

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

E-Mail address for confirmations: \_\_\_\_\_

Approximate number of Rental Units: \_\_\_\_\_

Are you affiliated with any other advertising companies?

(If Yes, with who?) \_\_\_\_\_

**\*\*\*For a "drop-down menu" option for on-line purchasing please forward a downloadable list of rental units in a ".xls" file or ".csv" file format. This way your client can select their property by a drop down list. If you do not select this option, your clients will be able to manually enter the property address. Please call us to discuss other options if needed. \_\_\_\_\_ Files will be forwarded. \_\_\_\_\_ I prefer manual entry.**

I understand that the following must take place in order for DPS to process coverage:

Renter must complete Policy Form on-line. If not an option, it must be completed via' an addendum we supply you with if they do not have on-line access. You must fax Addendum to: 410-871-2034 for processing **unless completed on-line** by the renter. When performed on-line both the renter, and yourself will receive an e-mailed confirmation. You will be provided with copies of the policy to distribute to your renter if needed. If the policy is purchased on-line the customer will receive their policy there. If your renters are purchasing through your website, a link is required for easier processing. Yes, I have a website. \_\_\_\_\_ The address is: [www.\\_\\_\\_\\_\\_](http://www._____). We will provide you with your link after approval. No. I do not have a website at this time. \_\_\_\_\_ Upon receipt of this form you will be notified regarding further processing.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*Please complete and e-mail back to: [customer\\_service@dpscondos.com](mailto:customer_service@dpscondos.com) or fax to 410-871-2034.