Georgia Public Service Commission

244 WASHINGTON STREET, SW
ATLANTA, GEORGIA 30334-5701

APPLICATION FOR PERMIT TO USE AUTOMATIC DIALING AND ANNOUNCING DEVICE (ADAD)

IS THIS A RENEWAL APPLICATION? (INSERT X IN THE APPROPRIATE BOX)	YES	X	NO	
IF YES, PLEASE INSERT EXISTING PERMIT NUMBER:	7931			

I. APPLICANT

NAME OF COMPANY	InsureMe, Inc.				
ADDRESS 1	842 Hamilton Street				
ADDRESS 2	Suite 800				
CITY	Allentown	STATE	PA	ZIP CODE	18101
TELEPHONE	610-740-0000	FAX			

EMPLOYEE DESIGNATED TO RECEIVE AND RESPOND TO COMMISSION REQUESTS:					
NAME	Alexander A. Liebergall, JD, MPH	TITLE	Compliance Director Compliance & Privacy Officer		
ADDRESS 1	842 Hamilton Street				
ADDRESS 2	Suite 800				
CITY	Allentown	STATE	PA	ZIP CODE	18101
TELEPHONE	610-740-0096	FAX			
EMAIL ADDRESS	aliebergall@insureme.com				

NOTE: FAILURE TO NOTIFY THE COMMISSION, IN WRITING, WHEN THERE IS A CHANGE IN THE CONTACT PERSON OR ADDRESS(ES) LISTED IN THIS APPLICATION WILL RESULT IN CANCELATION OF THE APPLICATION OR SUBSEQUENT CERTIFICATE OF AUTHORITY.

II. AUTOMATIC DIALING AND ANNOUNCING DEVICE

LOCATION OF ADAD EQUIPMENT:					
ADDRESS 1	842 Hamilton Street				
ADDRESS 2	Suite 800				
CITY	Allentown	CITY	PA	CITY	18101
TELEPHONE	610-740-0000	FAX			

NAME OF LOCAL EXCHANGE CARRIER THAT PROVIDES TELEPHONE SERVICE FOR ADAD(S):	We have two phone providers, which are Sinch and Twilio.
LIST ALL TELEPHONE NUMBERS FROM WHICH OUTBOUND ADAD CALLS WILL BE MADE:	Please see the attached document providing the numbers that will be used for outbound calls.
NUMBER OF ADADS TO BE USED BY APPLICANT:	1

LIST ALL ADAD EQUIPMENT TO BE USED BY APPLICANT (MANUFACTURERS, MODELS, ETC.)

Proprietary equipment which was built as part of our customer relationship manager which our insurance agents use to communicate with their prospects and clients.

EXPLAIN THE PURPOSE(S) FOR WHICH ADAD(S) WILL BE USED:

ADAD will be used to connect customers with our licensed insurance agents and to help the customer with inquiries that the customer made regarding insurance quotes, coverage, and related items.

PROVIDE THE MESSAGE(S) THAT WILL BE DELIVERED TO CALLED PARTIES USING ADAD(S):

Please see the attached document, which details the scripting we intend to use.

EXPLAIN HOW THE DATABASE OF PHONE NUMBERS TO BE DIALED BY THE ADAD(S) WAS OBTAINED AND TO WHAT GROUP(S) THE ADAD MESSAGES WILL BE DIRECTED:
These are individuals who have submitted an inquiry for insurance through our marketing efforts, or already purchased insurance or an insurance-related product through us. We are returning a call related to their inquiry, or in the case they are current customers, calling them to discuss their current plan and/or new plan options.

HAS THE APPLICANT REGISTERED WITH THE FEDERAL TRADE COMMISSION TO ACCESS THE NATIONAL DO NOT CALL REGISTRY?	YES	X	NO	

PLEASE READ COMMISSION RULE 515-12-1-.32: AUTOMATIC DIALING AND ANNOUNCING DEVICE EQUIPMENT (ATTACHED). DOES THE APPLICANT AGREE TO COMPLY WITH ALL PROVISIONS OF THIS RULE?	YES	X	NO	

PLEASE INDICATE THE MANNER IN WHICH THE APPLICANT PLANS TO OBTAIN PRIOR EXPRESS CONSENT FROM THE INDIVIDUALS BEING CALLED IN ORDER TO COMPLY WITH PARAGRAPHS (5), (6), AND (7) OF COMMISSION RULE 515-12-1-.32:
We only call individuals for which we have obtained prior express written consent from the web form or physical business reply card. We verify the express written consent language meets Telephone Consumer Protection Act ("TCPA") requirements, and provides consent to call them through an ADAD/use pre-recorded messages.

III. AFFIDAVIT

OFFICER OR ATTORNEY/ AGENT:					
NAME	Alexander A. Liebergall, JD, MPH				
TITLE	Compliance Director Compliance & Privacy Officer				
ADDRESS 1	842 Hamilton Street				
ADDRESS 2	Suite 800				
CITY	Allentown	STATE	PA	ZIP CODE	18101

THE INDIVIDUAL NAMED ABOVE (HEREINAFTER, "APPLICANT") PERSONALLY APPEARED BEFORE THE UNDERSIGNED, AN OFFICER DULY AUTHORIZED TO ADMINISTER OATHS. THE APPLICANT, AFTER FIRST BEING DULY SWORN, DEPOSES AND CERTIFIES THAT HE OR SHE HAS READ THE APPLICATION AND KNOWS THE CONTENTS THEREOF, AND THAT THE STATEMENTS MADE HEREIN ARE TRUE TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF.

APPLICANT FURTHER AGREES TO ABIDE BY ALL APPLICABLE LAWS UNDER THE STATE OF GEORGIA, AS CODIFIED IN THE OFFICIAL CODE OF GEORGIA ANNOTATED; ALL APPLICABLE RULES AND REGULATIONS OF THE GEORGIA PUBLIC SERVICE COMMISSION; AND ALL FINDINGS, CONCLUSIONS, TERMS, AND CONDITIONS SET FORTH IN PERTINENT COMMISSION ORDERS.

UNDER PENALTIES OF PERJURY, APPLICANT DECLARES THAT THE STATEMENTS MADE IN THE FOREGOING APPLICATION, INCLUDING ACCOMPANYING STATEMENTS AND ATTACHMENTS ARE TRUE, COMPLETE, AND CORRECT. I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION IN, OR IN CONNECTION WITH, MY APPLICATION MAY BE CAUSE FOR DENIAL OR LOSS OF CERTIFICATE.

A. Liebgall
SIGNATURE OF AFFIANT

11/04/2025
DATE

SUBSCRIBED AND SWORN TO ME THIS
4 DAY OF NOV, 20 25.

NOTARY PUBLIC

(SEAL)

Commonwealth of Pennsylvania - Notary Seal
Antonio Wilson, Notary Public
Bucks County
My commission expires December 9, 2026
Commission number 1259442
Member, Pennsylvania Association of Notaries

InsureMe GA DIDs

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