

## Professional Liability Insurance Verification/Request Form

Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Current Insurance

Carrier: \_\_\_\_\_

Period: (from) \_\_\_\_\_ (to) \_\_\_\_\_ Inception Date: \_\_\_\_\_

Limits of Liability: \_\_\_\_\_ Retroactive Date: \_\_\_\_\_

### New Insurance (If Applicable)

Carrier: \_\_\_\_\_

Period: (from) \_\_\_\_\_ (to) \_\_\_\_\_ Inception Date: \_\_\_\_\_

Limits of Liability: \_\_\_\_\_ Retroactive Date: \_\_\_\_\_

Please attach a copy of your most recent Declarations Page and, if applicable, a copy of the Extended Reporting Endorsement ("Tail") as verification of coverage.

Printed Name: \_\_\_\_\_

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