

**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: _____

Additional 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: _____