



## Annual Insurance Coverage Review

Please complete this form and return via fax to (813) 222-4288  
or by email to [info@protectyourbusiness.com](mailto:info@protectyourbusiness.com).

**Questions?** Call us at 1.800.467.8734

You and your business are important to us. We realize that you are busy, and do not always have the time to notify us of changes. As part of your annual review process, we want to address any changes to your business to assist us in protecting you against possible uninsured losses.

Please review the coverage available through Professional Services Plans. *If we don't receive this completed questionnaire within 15 days, we will assume that you are satisfied with your current coverage(s).*

Professional Services Plans is a full service agency, and have the following products\* available to meet your insurance needs. If you are interested in receiving a quote on any of the coverages listed, please indicate by checking the box, inserting your electronic signature and date name and clicking the submit button located at the bottom of the form. You may also return via fax at 813-222-4288 or by email at [info@protectyourbusinesses.com](mailto:info@protectyourbusinesses.com).

**Yes! I am interested in receiving information on the following coverage(s)\*:**

- Commercial Aviation
- Aircraft Third Party Liability
- Chemical Liability Insurance
- Hull Coverage
- Commercial Property
- Airport Insurance
- Workers' Compensation
- Unmanned Aerial Systems/Drone Insurance
- Cyber Liability Insurance
- Pollution Liability
- Commercial Fleet Coverage
- Pleasure & Business Aircraft
- Umbrella Coverage
- Passenger Liability
- Inland Marine Coverage
- Hangerkeeper's Liability
- Renter & Non-Owned Insurance

Name: \_\_\_\_\_ Preferred method of contact: \_\_\_\_\_

Firm Address: \_\_\_\_\_  
Firm address City State Zip

Mailing Address: \_\_\_\_\_  
Mailing address City State Zip

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Thank you for taking the time to complete this questionnaire. Should you have any questions, please call our office toll-free at 1-800-467-8734 ext. 14262.

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

\*This is not meant to be a complete list of all your insurance needs. Coverage, terms and conditions vary by company and may be subject to strict underwriting guidelines, including waiting periods, and require written company approval.