



Annual Insurance Coverage Review

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

Questions? Call us at 1-800-467-8734

You and your firm are important to us. We realize that you are busy, and do not always have the time to notify us of any changes in your practice. 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 a return questionnaire, we will assume that you are satisfied with your current coverage.*

Professional Services Plans is a full service agency. In addition to your Professional Liability coverage we also have the following products* available to meet your individual 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 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@protectyourbusiness.com.

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Professional Liability Only | <input type="checkbox"/> Workers' Compensation | <input type="checkbox"/> Umbrella Coverage |
| <input type="checkbox"/> Professional and General Liability | <input type="checkbox"/> Builders Risk Coverage | <input type="checkbox"/> Flood Coverage |
| <input type="checkbox"/> Employment Practices Liability | <input type="checkbox"/> Cyber Liability Insurance | <input type="checkbox"/> Windstorm Coverage |
| <input type="checkbox"/> Commercial Property | <input type="checkbox"/> ERISA Coverage | <input type="checkbox"/> Equipment Breakdown |
| <input type="checkbox"/> Increased Liability Coverage | <input type="checkbox"/> Aviation Insurance | <input type="checkbox"/> Condo Assessment Coverage |

Name: _____ **Preferred method of contact:** _____

Practice Address: _____
Practice 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.

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.