



Professional Liability Coverage (Errors & Omissions)

Authorization & Verification Form

Applicant Name:

Secure Insight Registration #: 92076

Part I - Authorization (TO BE COMPLETED BY SECURE INSIGHT™ APPLICANT ONLY)

I, of hereby authorize the representatives(s), named below, to verify the existence of my insurance coverage with Secure Insight™. To expedite this application, or contact me for any reason, please feel free to call me via the following contact information:

Name (Print):

Email:

Signature:

Cell Phone:

Date:

Phone:

Confirmation: By signing above I confirm I will NOT write below this line. This authorization form is valid until rescinded by the applicant named above.

Part II - Verification of professional liability coverage (E&O)(TO BE COMPLETED BY INSURANCE REPRESENTATIVE ONLY)

Professional Liability Agency/Brokerage Name:

Insurance Representative:

Phone:

Fax:

Email:

Agency/Brokerage Address:

City:

State:

Zip:

Insurance Carrier:

Policy Number:

Effective Date:

Expiration Date:

Policy is: Paid in Full Financed

If financed, is the policy current? Yes No

If financed, payments are due: Monthly Quarterly Semi-Annually

Next Payment Due Date:

Coverage Limit \$:

Deductible/Retention \$:

Does this policy have any specific claim exclusion endorsements against an Individual or Entity: Yes No

If yes, please provide a brief explanation:

Insurance Representative verifies the above information is correct:

Name (Print):

Title:

Signature:

Date:

Phone:

Confirmation: By signing above I hereby confirm I am an insurance representative authorized to verify this form.

Dear Insurance Representative: Upon completion of Part II please return this form ASAP to Secure Insight via fax 888-908-6194.
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www.secureinsight.com | 877-758-7878