



Insurance Authorization & Verification Form

Applicant Name: _____

SI Registration#: _____

SecureInsight™™

PART I AUTHORIZATION (To be completed by Applicant)

I, _____ of _____

hereby authorize my insurance representative(s), to verify the existence of my insurance coverage with Secure Insight™. If for any reason you wish to contact me, please feel free to do so via the following contact information:

Phone: _____ Email: _____

Signature: _____ Date: _____

Note: This authorization form is valid until rescinded by the Applicant named above.

PART II A VERIFICATION - PROFESSIONAL LIABILITY INSURANCE (To be completed by Insurance Representative ONLY)

N/A E&O Agency/Brokerage: _____ Insurance Representative: _____

Phone: _____ Fax: _____ Email: _____

Agency/Brokerage Address: _____ City: _____ State: __ Zip: _____

E&O Carrier: _____ Policy Number: _____

Effective Date: _____ Expiration Date: _____ Coverage Limit \$: _____

Policy is: Paid in Full Financed If financed, is the policy current? Yes No Next Payment due: _____

If financed, payments are due: Monthly Quarterly Semi-Annually Deductible/Retention: _____

Does the above listed 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 _____ Title: _____

(Print): _____

Signature: _____ Date: _____

PART II B VERIFICATION - FIDELITY INSURANCE (To be completed by Insurance Representative)

N/A Fidelity Agency/Brokerage: _____ Insurance Representative: _____

Phone: _____ Fax: _____ Email: _____

Agency/Brokerage Address: _____ City: _____ State: __ Zip: _____

Fidelity Bond Carrier: _____ Policy Number: _____

Effective Date: _____ Expiration Date: _____ Coverage Limit \$: _____

Policy is: Paid in Full Financed If financed, is the policy current? Yes No Next Payment due: _____

If financed, payments are due: Monthly: Quarterly: Semi-Annually: Deductible/Retention: _____

Insurance Representative verifies the above information is correct:

Name _____ Title: _____

(Print): _____

Signature: _____ Date: _____

For SI Office Use Only: _____

Please return ASAP to SI via fax to 888-908-6194 or email to sender
Secure Insight™ 100 Lanidex Plaza, Suite 1201, Parsippany, NJ 07054

www.SecureInsight.com | 877-758-7878