

Professional Liability Insurance Reinstatement Application

Applicant Information

Full Name

Date of Birth

Business Name

Business Address

Phone Number

Email Address

Policy Information

Previous Policy Number

Date of Expiration

Reason for Lapse in Coverage

Professional Activities

Describe Professional Services Provided

Years in Practice

States of Operation

Claims History

Have there been any professional liability claims or incidents since the policy lapsed?

If yes, please provide details

Applicant Declaration

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I certify that the information provided in this application is correct to the best of my knowledge.