Agency Policy and Invoice Delivery Preferences

Thank you for helping your clients choose a ProAssurance policy. Please confirm your preferences for delivery of policy and invoice documents below. By doing so, you assist our efforts to treat you and your clients fairly.

After you complete this form (with your signature and date), please email a copy to CentralPrint@ProAssurance.com.

Agency/Agent Name: _____ **City/State:** _____

Policy Documents and Installment Invoices:

I wish to continue receiving printed:

- ☐ Policy Documents
- ☐ Installment Invoices

I no longer wish to receive printed:

- ☐ Policy Documents
- ☐ Installment Invoices

☐ Instead, I will go to the ProAssurance website to obtain documents for my clients. (To access the documents you will need to create an account by visiting ProAssurance.com/SignUp.)

Weekly Transaction Report:

Note: If you opted above to no longer receive printed policy documents and/or installment invoices, we recommend choosing "Yes" for the Weekly Transaction and Cancellation Notice Reports

☐ Yes, I want to receive a weekly transaction report. (This report will be sent every Tuesday via email and will show all transactions processed for the past week.)

☐ No, thank you.

Cancellation Notice Report:

☐ Yes, I want to receive a daily email report of all cancellation notices generated for insureds/policyholders.

☐ No, thank you.

Please send the Weekly Transaction and Daily Cancellation Notice reports to the following email address(es):

_____

Primary Agency Representative's Signature: _____

Primary Agency Representative's Printed Name: _____

Phone Number: _____

Email Address: _____ **Date:** _____