

PROFESSIONALS'
INSURANCE
CENTRE

Personal, Family & Corporate ~ Risk Exposure Assessment

Personal & Family – Risk Categories

- | | | |
|----------------------|---|----------|
| ▪ Death | <input type="checkbox"/> Term | \$ _____ |
| | <input type="checkbox"/> Permanent | \$ _____ |
| | <input type="checkbox"/> Will | |
| ▪ Illness & Injury | <input type="checkbox"/> Disability Income | \$ _____ |
| | <input type="checkbox"/> Critical Illness | \$ _____ |
| | <input type="checkbox"/> Long Term Care | \$ _____ |
| | <input type="checkbox"/> Extended Health Care | \$ _____ |
| | <input type="checkbox"/> Dental Care | \$ _____ |
| | <input type="checkbox"/> Power of Attorney | |
| ▪ Liability & Damage | <input type="checkbox"/> Home Insurance | \$ _____ |
| | <input type="checkbox"/> Cottage Insurance | \$ _____ |
| | <input type="checkbox"/> Auto | \$ _____ |
| | <input type="checkbox"/> Professional Liability/E&O | \$ _____ |

Corporate - Risk Categories

- | | | |
|------------------------|---|----------|
| ▪ Death – Keyman | <input type="checkbox"/> Term | \$ _____ |
| | <input type="checkbox"/> Permanent | \$ _____ |
| ▪ Partnership Buy/Sell | <input type="checkbox"/> Term | \$ _____ |
| | <input type="checkbox"/> Permanent | \$ _____ |
| ▪ Illness & Injury | <input type="checkbox"/> Critical Illness | \$ _____ |
| | <input type="checkbox"/> Professional Overhead
Expense | \$ _____ |
| ▪ Liability | <input type="checkbox"/> Office Policy | |

Insurance Planning That Never Rests

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