



Walsh Duffield



Walsh Duffield Companies, Inc.

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FORTRESS INSURANCE COMPANY: DENTAL PROFESSIONAL LIABILITY APPLICATION

Thank you for your interest in the Walsh Duffield – FORTRESS Insurance Program. Please complete this cover sheet and return it along with your completed application. Thank you.

1. Personal Mailing Address and Contact Information

2. Phone Number:

3. Email Address:

4. WE'VE GONE GREEN!

We are able to send your policy to you electronically. Please provide the email address you would like your electronic policy delivered to:

Same as above

Email for electronic policy delivery: _____

Signature: _____

Client's signature or that of Client's representative signifies that Client voluntarily agrees to use electronic records in accordance with section 309 of the New York State Technology Law. Client understands that from the date of this agreement until such time as Client or Client's representative revokes this consent in writing, Agent will send documents to Client in electronic form only and will not provide Client with paper copies of the document.

5. Please provide address to where you invoice should be mailed:

