

Executor Liability Insurance Proposal Request Contact Form

**To obtain a proposal, please complete this form and email it to our office at
abs@erassure.com or fax to 1-866-897-8901.**

Estate Trustee Name:	
Phone Number:	()
Preferred Time to Call:	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon

Please have the following information available for the call:

- | | |
|--|---|
| <ul style="list-style-type: none"> ✓ Decedent Name and Last Address ✓ Lawyer/Law Firm Name | <ul style="list-style-type: none"> ✓ Date of Death ✓ Estimated Estate Value |
|--|---|

I have obtained permission from my client for ERAssure® to contact them directly to discuss executor liability insurance.

Advisor Name _____
(please print)

(signature)

For immediate assistance, please have your client call ERAssure at 1-855-636-3777.

*ERAssure is pleased to be chosen as the provider of Estate Insurance protection
for Advocis members and their clients.*