

Katzman Insurance Services Inc.  
P.O. Box 1786  
Berlin, Md 21811  
Tel: 800-967-5252, Fax: 410-208-1062

**e-mail: jack@katzmanins.com**

Thank you for your interest in our Errors & Omissions Insurance Program. Enclosed is the application and supplement (s) I need completed in order to obtain a quote. I need the following supporting documents:

1. **A COPY OF YOUR BROCHURE OR A WRITTEN DESCRIPTION OF YOUR BUSINESS SERVICES.**
2. **A RESUME ON EACH CONSULTANT AND SUB-CONTRACTOR CONSULTANT WORKING FOR YOUR FIRM.**
3. **A SAMPLE CONTRACT AND OR PROPOSAL LETTER YOU USE FOR CLIENTS.**
4. **E-MAIL:** \_\_\_\_\_
5. **WEB PAGE:** \_\_\_\_\_

This will assist us in rating your business.

Sincerely yours,

**KATZMAN INSURANCE AGENCY INC.**

Jack Katzman