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Dayton, OH 45402
Tel: 937.586.3732
Fax: 937.586.3699
E-mail: amsat@meinet.com

AmSAT Professional Liability Insurance Form

Please complete this form and return it to AmSAT by faxing to 937.586.3699 or sending to the address above.

If you are paying by check (payable to AmSAT), please send this form with your payment.

Yes I would like to purchase professional liability insurance as an AmSAT member in good standing. I authorize the charge of \$84.00 as payment for my annual premium which will expire on the anniversary date of my policy.

Name: _____

Shipping Address: _____

Phone: _____ Email: _____

Billing Address (if different from shipping): _____

Email address _____ Phone _____

Credit Card Type: Visa MasterCard

Card #

Exp. Date / Security Code*

*3-digit number on back of card

Name on Card (if different from above): _____

Signature _____

Date _____