

**DESIGNATION OF  
ADVOCATE CREDENTIALS VERIFICATION OFFICE (CVO)  
AS PROFESSIONAL LIABILITY INSURANCE  
CERTIFICATE HOLDER**

I, the undersigned, authorize my professional liability insurance carrier.

\_\_\_\_\_  
(Insurance Company Name)

\_\_\_\_\_  
Street                      Suite #                      City                      State                      Zip

to send the **Advocate Healthcare Credentials Verification Office** verification of my professional liability coverage showing dates of coverage, amounts of coverage and any limit in coverage. **Advocate Healthcare Credentials Verification Office is to hereinafter be a Certificate Holder** and is to be notified of the amount of my coverage and any future changes in my insurance status.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Policy Number