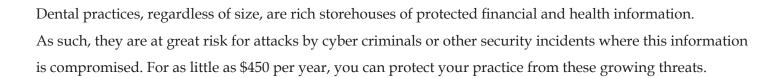


Request for quote

## Cyber Liability/ Data Breach Insurance



| My information   |           |                           |
|--|-----------|---------------------------|
| First name   | Last name | Entity / Practice name(s) |
| Practice address location(s) (please list all locations and include city, state and ZIP) |           |                           |
| Please contact me via:   |           |                           |
| □ Phone  | Email     | □ FAX:                    |
| Total number of doctors in your practice:  |           |                           |
| Number of part-time doctors in your practice (less than 20 hours per week):              |           |                           |
| Number of full-time doctors in your practice (20 hours per week or more):                |           |                           |
| Annual revenue:  |           |                           |
| \$   |           |                           |
| Please send me a FREE Cyber Liability Information Kit                                    |           |                           |

If you have questions, please contact Melanie Adler via email at madler@mdaifg.com or call 800-860-2272, ext. 464.