



PFS
SPECIALTY RISK UNDERWRITERS

LETTER OF HEALTH - SPORTS

This is to confirm that I, _____, have had no change in my health or lifestyle since my last Pro Financial Services, LLC Lloyd's, London Athlete's Disability Application Part I dated _____, and Medical Application - Part II dated _____, and as of _____, I am fit and healthy.

Yes _____

No _____ **(If no, please give full details)**

Details: _____

