



# Podiatry Premium Indication Form

Providing malpractice Insurance Solutions for Healthcare Professionals since 1989

Complete this form to get a quick premium indication for medical professional liability insurance or just mark the "Call Me" below to have Jennifer contact you directly

Call me with more information!

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

## General Information

Name: \_\_\_\_\_ Professional Designation: \_\_\_\_\_

Primary Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Practice Information

Specialty: Podiatry  No Surgery  Surgery Date Practice Started: \_\_\_\_\_ Practice Hours per week: \_\_\_\_\_

Are you board certified?  Yes  No

Are you a member of a regional or national podiatric organization  Yes, organization: \_\_\_\_\_  No

Are you employed by another Podiatrist?  Yes  No

## Policy Information

Current Policy expiration date: \_\_\_\_\_ Current Policy limits: \$ \_\_\_\_\_ / \$ \_\_\_\_\_

Retroactive Date: \_\_\_\_\_ Present Carrier: \_\_\_\_\_ Deductible:  Yes \_\_\_\_\_  No

## Loss Information

Tell us about any claims made against you:  No Known Claim History

Claim Report Date: \_\_\_\_\_ Details: \_\_\_\_\_

Settlement:  Yes  No DollarAmt: \_\_\_\_\_

Claim Report Date: \_\_\_\_\_ Details: \_\_\_\_\_

Settlement:  Yes  No DollarAmt: \_\_\_\_\_

Please fax back to Jennifer Jones at 804-423-5166 WITH copy of Current Declaration Page

**THANKS!**