QUICK INDICATION SHORT FORM APPLICATION
PHYSICIANS PROFESSIONAL LIABILITY INSURANCE

****We will provide an estimated premium. Actual premium, or insurability, will be based on loss history & practice characteristics**

APPLICANT INFORMATION   SPECIALTY: ____________________

____ # Weekly Hrs? __________

Name

____

Address   City   State   Zip Code

Telephone Number: Fax Number:

PRACTICE INFORMATION

Check each of the following that applies to your practice: ____Individual ____Group Practice ____ Partnership ____ Prof Corp.

If in a group practice, is the group owned, managed or controlled by any other healthcare entity? ____Yes ____ No

CURRENT PROFESSIONAL LIABILITY INSURANCE COVERAGE

Insurer Company:______________________________ Renewal Date: ___________ Retroactive Date: ___________

Annual Premium: $ __________Limits of Liability: ___ $1 million/$3 million ___ $2 million//$4 million Deductible: $________

DO YOU PERFORM SURGERY (see categories - these lists may not be all inclusive)?

◊ **No Surgery** - **perform neither surgery nor obstetrical procedures.** Incising of boils and superficial fascia, suturing of minor lacerations, removal of superficial skin lesions by other than surgical excision.

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◊ **Minor Surgery** - **applies to all general practitioners or specialists, <u>EXCEPT</u> those performing major surgery or anesthesiology, who may perform any of the following medical techniques or procedures:** colonoscopy, endoscopic retrograde cholangiopancreatography (ERCP), tonsillectomies and adenoidectomies. **Please list types of procedures routinely performed:**____

◊ **Major Surgery** - **includes operations in or upon any body cavity including, but not limited to, the cranium, thorax, abdomen, pelvis or any other operation which because of the condition of the patient or length of circumstances of the operation presents a distinct hazard to life.** It also includes: removal of tumors, open bone fractures, amputations, termination of pregnancy, the removal of any gland or organ (excluding tonsillectomies and adenoidectomies), plastic surgery and any operation done using general anesthesia. ________**number per year**?

Please list types of procedures routinely performed: ____

CURRENT MEDICAL PRACTICE - SURGICAL SPECIALTIES

Average number of patients seen per week: __________ **Do you perform the following procedures?**

A.	Elective cosmetic surgery	☐ **No**	☐ **Yes**	percentage of practice: ____%
B.	General surgery	☐ **No**	☐ **Yes**	
C.	Vaginal deliveries	☐ **No**	☐ **Yes**	# per yr: _____
D.	C-Sections	☐ **No**	☐ **Yes**	**#** per yr: _____
E.	Abortions	☐ **No**	☐ **Yes**	# pr yr: ____
F.	Angiography/arteriography/ Cardiac catheterization	☐ **No**	☐ **Yes**	
G.	Weight-control surgery/drugs	☐ **No**	☐ **Yes**	

CLAIM HISTORY

Have you had or reported <u>ANY</u> Professional Liability claims or Incidents? ☐ No ☐ Yes

Number of Claims _________

Date last claim closed ___________

EDUCATION HISTORY

Date completed Medical School? ______________________ **Date completed Residency?** __________________

Additional Training/Fellowships? ____