



Physicians & Healthcare
Professional Liability Insurance Specialists

Quick App! MEDICAL MALPRACTICE LIABILITY INSURANCE

To obtain a no-obligation premium estimate for medical malpractice insurance please complete the information below and fax to us with a current copy of your Curriculum Vitae and Declarations Page.

GENERAL INFORMATION

Form with fields for APPLICANT NAME, MEDICAL LICENSE #, OFFICE CONTACT PERSON, PROFESSIONAL ADDRESS, EMAIL ADDRESS, TELEPHONE, and FACSIMILE.

COVERAGE OPTION

Form with fields for LIMITS DESIRED, CURRENT PROFESSIONAL LIABILITY INSURANCE CARRIER, CURRENT AGENCY, POLICY EXPIRATION DATE, CURRENT PREMIUM, and CURRENT RETROACTIVE DATE.

MEDICAL SPECIALTY

Form with fields for Medical Specialty, certification status by the American Board of Medical Specialties, and Name of Board.

CLAIM(S) INFORMATION

Form with a checkbox question: Has any action been filed against you or have you been notified that any action will be filed against you alleging professional errors or omissions occurring within the past 5, 10, or 15 years?

Let us solve your insurance problems today!

Upon Completion – Fax to (954) 563-1849