

& ASSOCIATES LLC

Medical Professional Liability Quick Indication Questionnaire

1). Applicant's Name: _____ M.D. D.O.
(First, Middle, Last)

2a). Practicing Specialty: _____

2b). Do you perform? (Please check appropriate response)

No surgery
(No invasive procedures)

Minor surgery
(Invasive procedures)

Major surgery
(Operation under anesthesia)

3). Do you perform any medical procedures that fall outside the scope of your listed specialty?
-Please list such procedures and roughly what percent of your practice these procedures comprise.

4). In what county is your primary location of practice? _____

5). What is your status?

Moonlighting Resident

Part-Time (subject to eligibility requirements)

New Physician (Year 1 Year 2 Year 3)

Full Time

6a). What type of coverage are you requesting?

Occurrence

Claims Made

Pre-funded Tail

6b). If requesting claims made coverage, would you like coverage for prior acts? Yes No

6c). If yes, what is your desired retroactive date? _____

6d). What are your desired limits of liability?

\$100,000 Incident Limit per named insured / \$300,000 Aggregate Limit per named insured

\$200,000 Incident Limit per named insured / \$600,000 Aggregate Limit per named insured

\$300,000 Incident Limit per named insured / \$900,000 Aggregate Limit per named insured

\$500,000 Incident Limit per named insured / \$1,000,000 Aggregate Limit per named insured

\$500,000 Incident Limit per named insured / \$1,500,000 Aggregate Limit per named insured

\$1,000,000 Incident Limit per named insured / \$3,000,000 Aggregate Limit per named insured

Note: Occurrence and Pre-funded tail coverages are not available in limits greater than \$300,000/\$900,000.

7). Please attach current loss runs that show a 10 year loss history, if not immediately available, please fill out claims supplemental forms for any files reported over the last ten years.

8). If there is any pertinent information not addressed by this application, please attach a separate page with your additional information.

This is for an indication only. Coverage can not be bound based on an indication. Firm quotation is subject to receipt & approval of a complete, signed Star or Savers application. This information may affect availability of coverage and/or terms & conditions. Changes in exposure and/or changes in company rates may affect this indication.