



COMPLETE THIS FORM TO GET A QUICK PREMIUM COMPARISON FOR PROFESSIONAL PODIATRIST INSURANCE

Name Primary Office Address City County State ZIP Email Phone Fax Date of Birth Date Practice Started Current Policy Expiration Date Retroactive Date Current Policy Limits Current Policy Deductibles Insurance Annual Premium Company Name Paid Last Year

Practice Hours per Week I practice as Owner Employee of another DPM Associate Independent Contractor My practice is Solo Practice Partnership Corporation LLC Association Multi-Podiatrist I employ other DPMs in my practice. Yes No If Yes, how many are employees? Independent contractors? I have completed a risk management course in the past 2 years. Yes No I am a member of a regional or national podiatric organization. Yes No I teach. Yes No I am board certified. Yes No I am enrolled in a residency program. Yes No Patient medical history is updated each visit. Yes No I have had additional medical training after my residency. Yes No I use Written Informed Consent for surgical procedures. Yes No What percent of my patient load involves diabetic patients? 0-15% 16-30% 31-50% 51-70% 71-100%

The time I spend performing the following procedures is (if none, write "0"): Non Surgical Care % Soft Tissue Surgery % Osseous Surgery % Must equal 100% If 5% or less Osseous Surgery, do I refer patients to another podiatrist for surgery? Yes No

The estimated number of the following surgeries I perform per year is? (if none, write "0") Implants/Prosthesis Bunion Surgery-Non Osteotomy Ankle/joint/lower leg surgery Bunion Surgery-Osteotomy Tendon/Tendon Transfer Surgery Sport Injuries or Children (Surgery Only)

Loss Information—Has any professional liability claim or suit been made against you, your predecessors in business, or against any past or present partner? Yes No If Yes, please provide details on a separate sheet. Are you aware of any circumstances that might give rise to a claim under this policy? Yes No If Yes, please provide details on a separate sheet.

Please return via fax to 302-472-8529. For more information call 800-499-7242.