



PROFESSIONAL LIABILITY INSURANCE QUOTE

YOUR INFO

Your Full Name

Medical Degree

Practice Name

Practice Type

Phone

Fax

Email

Street

City, State, Zip

Please list any state or national association of which you are a member:

Date you began practice

Would you like us to contact your administrator?

Name

Email

Phone

CURRENT COVERAGE

Specialty

Group Specialties

(List number of physicians by specialty)

Specialty Aspects

(invasive/non-invasive, etc.)

Malpractice Insurer

Renewal Date

Premium

Current Limits

Policy Format

If Claims-Made, provide Retroactive/Prior Acts Date

Have any professional claims been paid on your behalf within the last **5** years?

Have any professional claims been paid on your behalf within the last **10** years?



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COMMENTS

Submit to:

MedRisk, LLC
607 Main Street, Ste. 210
Oregon City, OR 97045

Phone 503-657-7475
Fax 503-657-5377

Steve Couch, Agent
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