



# Supplemental Information (Medical Malpractice and Specified Medical)

*Please supply this supplement with completed application if required.*

**Rockwood Programs, Inc.**, 4001 Miller Road, Wilmington, DE 19802-1999

Toll-Free: (800) 558-8808 • Fax: (302) 765-6039 • Email: [www.rockwoodinsurance.com](http://www.rockwoodinsurance.com)

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Account Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

States of Licensure \_\_\_\_\_

New or Renewal for Rockwood?  New  Renewal

Description of Services: (Include management experience & staffing)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Insurance Program

Name of Carrier \_\_\_\_\_

Limits \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_ Premium \$ \_\_\_\_\_

Expiration Date \_\_\_\_\_ Retro Date \_\_\_\_\_

Loss Experience: (7-10 years currently valued loss information)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Risk Management/Quality Assurance Program: (Including credentialing/hiring protocols)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE QUOTE NEEDED \_\_\_\_\_