COMPLETE FORM TO GET A QUICK PREMIUM INDICATION FOR PROFESSIONAL PODIATRIST MALPRACTICE INSURANCE

3001 Philadelphia Pike, Claymont, DE 19703 Tel: 800-365-0816 Fax: 302-764-9125 www.rockwoodinsurance.com

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 Company Name ______________________________

Annual Premium 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 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

Patient medical history is updated each visit.. 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

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 302-764-9125 or by email to medmal@rockwoodinsurance.com

For more information call 800-365-0816.