



PODIATRISTS PROFESSIONAL LIABILITY

THE HELP YOU NEED...WHEN YOU NEED IT

FAX THIS FORM TO

(516) 674-2498

Get a **Speedy Quote** Premium Indication for **PodiaGuard** Professional Liability Insurance!

Name _____

Street _____

City _____ County _____ State _____ Zip _____

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Phone _____ Fax _____

Email _____

CURRENT POLICY INFORMATION

Carrier: _____

Expiration Date: _____ Retroactive Date: _____

Type:
___ Claims Made ___ Occurrence

Limits:
___ \$100,000/\$300,000 ___ \$250,000/\$750,000
___ \$1 Million/\$3 Million ___ Other: _____

Annual Premium: \$ _____

RISK MANAGEMENT PRACTICES

Risk management course completed within the past 2 years?

___ Yes ___ No

Use of written informed consent for surgical procedures?

___ Yes ___ No

PATIENT PROFILE

Percentage of your practice that involves the treatment of these patient types:

Athletes ___% Children ___% Diabetics ___%

Other High Risk Patients ___%

PROCEDURE MIX (Indicate the percentage of time spent annually in the following areas; total must equal 100%)

Non Surgical Care* _____%

Soft Tissue Surgery _____%

Osseous Surgery _____%

** The following are considered "non-surgical": diagnostic and therapeutic injections; all nail related procedures; abscess incision and drainage; excision of molluscum contagiosum cysts and other benign lesions (including warts and calluses);*

PRACTICE PROFILE

Date Practice Started: _____

Are you practicing as a

___ Owner ___ Employee ___ Independent Contractor

Number of Podiatrists in your practice:

___ Employees ___ Independent Contractors

Type of Practice:

___ Solo ___ Partnership ___ Corporation

Number of hours worked per week: _____

Are you Board Certified? ___ Yes ___ No

Professional Organizations to which you belong (ACFAOM, APMA, ACFS, ABPS, AAFS, others): _____

SURGICAL PROCEDURES PER YEAR _____

Estimated number of the following surgeries performed *per year*:

Joint or other Implants or Prosthesis _____

Ankle joint / lower leg surgery _____

Tendon Transfer Surgery _____

Achilles Tendon Surgery _____

Laser Surgery _____

Minimal incision foot surgery _____

Bunion Surgery _____

Non Osteotomy _____

Osteotomy _____

LOSS and DISCIPLINARY ACTION INFORMATION

___ No Claims or Disciplinary Actions ___ Details of all open/closed claims and disciplinary actions are attached

Please call (516)214-4200 if you have questions or require assistance. Return completed form to:

Peter Russo- New York PodiaGuard Program Manager

Total Dollar Management Effort – One Pleasant Avenue Port Washington NY 11050

Fax: 516-674-2498 or Email: prusso@totaldollar.com

** Premium indications provided are not firm quotations and are not bindable. Terms, limits, deductibles, conditions and price may change upon receipt, review and acceptance of a completed application and supporting documentation by the company. A binding quotation will not be issued without the company's full underwriting due diligence.*