



PODIATRISTS PROFESSIONAL LIABILITY

THE HELP YOU NEED...WHEN YOU NEED IT

**PLEASE FAX THIS FORM
TO
(516) 833-1556**

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

Name _____
Street _____
City _____ County _____ State _____ Zip _____
() ()
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: \$ _____

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): _____

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);*

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)833-1555 if you have questions or require assistance.
Return completed form to: Total Dollar Professional Liability Department
Total Dollar Management Effort – One Pleasant Avenue, Port Washington, NY 11050
Fax: (516) 833-1556 or Email: profliab@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.