



**Group Practice Quick Quote**

**Please use this quick quote form to submit your current information to PMIS:**

\_\_\_\_\_ **Please send me an application or further instructions.**

\_\_\_\_\_ **Please have a representative contact me at \_\_\_\_\_.**

**Contact Information:**

**First Name:**

**Last Name:**

**Street Address:**

**City:**

**State:**

**Zip:**

**Email address:**

**Phone:**

**Fax:**

**Name of Risk to be Insured:**

**Address:**

**City:**

**State:**

**Zip:**

**Phone:**

**Fax:**

**Fully describe practice:**

**Describe medical specialties in group:**

**Describe coverage program desired:**

**Describe special needs or reason for seeking alternative quotes:**

**Current professional liability insurer:**

**Current limits of liability:**

**Deductible:**

**Retroactive date:**

**Can you provide a copy of the existing policy, complete with endorsements and declarations pages (the face sheets of the policy(ies) showing the names, addresses, indemnity period, limits, premiums, etc.) so that all retroactive dates may be properly matched and coverages may be compared? If so, fax to us or mail to us.**

**Can you provide an updated loss run, or a company-generated loss run (claims history), to accompany the policy so that we might attempt to get you the best rate possible? If so, fax to us or mail to us.**

**Will you be available to participate in a conference call or personal meeting in order to gather additional information? This will allow us to get you the best possible terms and conditions. Call us at**

\_\_\_\_\_.