

PROFESSIONAL MEDICAL INSURANCE SERVICES, INC.

Our Insurance Solutions Will Solve Your Coverage Problems

PMIS

Hospital Quick Quote

Please use this Quick Quote form to submit your current information to PMIS.

Please send me an application

Please have a representative call me.

Contact Information

First Name:

Last Name:

Street Address:

City:

State:

Zip:

Email address:

Fax number:

Phone number:

Hospital name:

Your title:

Name of Risk to be Quoted (if different from above):

Describe licensure/ownership (general acute care, skilled nursing facility, intermediate care, etc.):

Not for profit:

Governmental:

For profit:

Coverage limits:

Deductible:

self insured retention:

Effective date:

Current Carrier:

Claims made:

Occurrence:

Current premium:

In-patient and out-patient activity: Daily Average Occupied

Acute care beds, cribs, bassinets:

Acute psychiatric beds:

Skilled nursing:

Chemical dependency beds:

Other types of beds (describe):

Annual number of inpatient surgeries:

Annual number of deliveries:

Will you expand or implement labor and delivery or surgical in the next 12 months(describe)?

Annual number of emergency department visits:

Annual number of outpatient surgeries:

Annual number of outpatient visits:

Patient Mix: Medicare: Medicaid: Managed care: Private pay: Charitable:

Do you employ doctors? Provide number and specialties:

Can you provide a copy of the existing policy, complete with endorsements and declarations pages (the face sheets showing the names, addresses, indemnity periods, retroactive dates, limits, etc.) so that we may properly match the new quotation to your retros and coverage terms?

Can you provide an updated loss run, or company-generated claims history, so that we might get you the best rate possible?

For what reason(s) are you seeking new quotations?

Will you be willing to participate in a conference call or personal meeting in order to facilitate our getting you the best possible terms, conditions and pricing?

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