

PROFESSIONAL MEDICAL INSURANCE SERVICES, INC.
Our Insurance Solutions Will Solve Your Coverage Problems

PMIS

Locum Tenens 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 at _____.

Contact Information

First Name:

Last Name:

Street Address:

City:

State:

Zip:

Email address:

Fax number:

Phone:

Corporate name:

Your title:

Name of Risk to be Quoted:

Describe the practice:

Describe specialty (ies) placed:

Exposure Basis:

State and County

Specialites and Classes of Physicians

Annual #

where services

Hours or days

are rendered

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Please provide number of locum hours in last five years: _____ Total number of locum hours

19

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19

19

_Current professional liability insurer:

16800 Greenspoint Park Drive, Suite 255N Houston, Texas 77060
281/872-5000 Fax 281/872-5011 National 877/583-5510
www.ProMedIns.com

Current Limits of Liability:

Deductible or SIR:

Do you want physicians and staff covered or just corporate coverage?

Current coverage period:

Current premium:

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

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

For what reason(s) do you wish to seek other quotes?

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