PALUMBO.INSURANCE
ASSOCIATES

Professional Coverage. Personal Care

Medical Professional Liability Insurance Questionnaire

Dear Doctor,

In response to your interest, we want to provide you with a Non-Binding Quotation in order to give you an indication of the cost savings associated with becoming an RRG member.

Please provide the following information:

First Name__________________ Last Name____________________ MD or DO

Address____________________________________ City_________________

State: ______Zip Code: _________

Name of Current Insurance Carrier_______________________

Annual Premium $_________________

Policy Type: ___Occurrence ___Claims Made

Limits: Per Occurrence: ______________ Aggregate: ______________

Retroactive Date (if claims made): Mo. /Yr. ___________

Specialty: ________________________________

___Full Time ___3/4 Time (< 30 hrs./wk.) ___Part Time (< 20 hrs./wk.)

___Major Surgery ___Minor Surgery ___No Surgery (office only)

___Ob/Gyn ___Gyn only

Number of Patients seen annually: _____________

111-C Fulford Ave.
Bel Air, MD 21014
410.836.8591 *office*
410.836.8593 *fax*
www.palumboinsassoc.com

Brief Claims History Last Five Years:

Total # of Claims (paid + unpaid): ______

Number of Paid Claims: ______

Total Dollar Amt. Paid Claims: $___________

General Comments about the claims we should know:
____
____
____

Preferred way to communicate with you:
Fax: _______________
Regular Mail (address above)
Email to: __________________ @ __________. ___

Would you like additional information about Alternative Risk Transfer Solutions? ___Yes ___No

What area is of the most concern to you: ___PRICING ___OUR AVAILIBILTIY

___CLAIMS MGMNT ___ RISK MGMNT

Please include the following:

- Copy of your current certificate or policy declarations page
- Copy of your CV/Resume

Please email or fax this information to info@palumboinsassoc.com or 410.836.8593.

Please note that insurance coverage is subject to underwriting approval. No coverage exists until the initial premium and surplus contribution is received and a binder of Declarations page, together with