



Physician Insurance Quote Sheet

Business Names / DBA's: _____ FEIN #: _____

Location Address: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

PROFESSIONAL LIABILITY				
Liability Limit:	\$1 mil / \$3 mil	\$2 mil / \$4 mil	\$3 mil / \$5 mil	Other: _____
What type of policy do you have?	Claims-made	Occurrence	Please fill in below information; use an additional sheet if necessary.	
Provider Name (Include all physicians within group and providers such as PA's, NP's, etc.)	Effective Date	Retroactive Date	Specialty / Sub Specialty	Describe Claims or Board Issues

LOCATION INFORMATION		
Do you own the Building or Commercial Condo?	YES	NO
Is a separate entity set up to own the building?	YES	NO
If Yes, Name: _____		
If you are responsible for insuring the building, how much? \$ _____		
If you are responsible for cost of Tenant Improvements, how much? \$ _____		
Building Construction:	Frame/Stucco	Brick/Block
Other: _____		
Approx. Year Built: _____	Office sq.ft.: _____	# of Stories: _____
Safety Features:	Sprinklers	Central Station Burglar Alarm
		Central Station Fire Alarm
Estimated Annual Gross Revenue: \$ _____		

GENERAL LIABILITY					
Type:	Sole Proprietor	Partnership	Corp.	LLC	Other
Liability Limit:	\$1 mil / \$2 mil	\$2 mil / \$4 mil			
Umbrella:	\$1 mil	\$2 mil	\$5 mil	\$10 mil	None

WORKERS COMPENSATION			
Number of Full-time Employees:	_____	Part-time:	_____
Total Annual Payroll:	\$ _____		
Coverage for the Owner(s):	Include	Exclude	
If Excluded, does your Health Insurance Policy cover you for work related injuries?			
	YES	NO	
Employer's Liability Limit:	\$100,000	\$500,000	\$1,000,000
Current Carrier:	_____	Exp. Date:	_____

BUSINESS PERSONAL PROPERTY				
Amount of Business Personal Property? (furniture, medical and office equipment, etc.) \$ _____				
Deductible:	\$500	\$1000	\$2500	\$5000
Amount of Computer Equipment?(software, hardware, laptop, etc.) \$ _____				
Current Carrier:	_____	Exp. Date:	_____	

CLAIMS INFORMATION		
Any Claim reported on your property, general liability or workers compensation policy in the last 3 years?		
	YES	NO
If Yes, please describe:		

May we email quotes, policies, and related coverage documents to you? YES NO

Signature: _____

WE CAN WRITE PROPERTY AND GENERAL LIABILITY WITH OR WITHOUT PROFESSIONAL LIABILITY.

Fax completed form to **866.467.3611** or save pdf and email to info@desertmountaininsurance.com

Submitting completed form works best from desktops. On mobile devices/tablets: **MUST OPEN** in Adobe Acrobat Reader App.
(Download free Adobe Acrobat Reader from the App Store or Google Play Store.)

For questions, please call:
866.467.3627



For more info, please visit:
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