Naturopath Insurance Quote Sheet

Name of Naturopath: _____ FEIN #: _____

Practice Name: _____ Requested Effective Date: _____

Location Address: _____ Phone: _____

Email: _____ Website: _____

How did you hear about us? _____

PROFESSIONAL LIABILITY

Liability Limit: ☐ $200,000 / $600,000 ☐ $500,000 / $1,500,000
☐ $1,000,000 / $3,000,000 ☐ Other: _____

What type of policy do you have? ☐ Claims-made ☐ Occurrence

If claims-made, what is the retroactive date? _____

First date of practice: _____

How many hours per week do you practice?

☐ Less than 20 hours per week ☐ 21 hours or more per week

Current Carrier: _____ Exp. Date: _____

PRACTICE PROCEDURES

GROUP A

☐ Acupuncture / Oriental Medicine
☐ Duties as a Medical Director
☐ Homeopathy
☐ Holistic Medicine
☐ Nutritional Medicine
☐ Ozone Therapy
☐ Ultra Violet Light Therapy

GROUP B

☐ Botox Injections
☐ Lasers (Aesthetic)
☐ Mesotherapy
☐ Minor Office Surgery
☐ Prolo (Sclero) Therapy
☐ Trigger Point Injections
☐ Use of local anesthetic in minor office surgery
☐ Oral EDTA Chelation Therapy
☐ Medical Marijuana
☐ Exercise with Oxygen Therapy
☐ Bio-Identical Hormone Replacement
☐ Infrared Laser Therapy

GROUP C

☐ IV EDTA Chelation Therapy
☐ Maternal Pre-Natal & Post Natal Care
☐ Fillers
☐ HCG Weight Loss Injections
☐ IV Nutrient Therapy

BUSINESS PERSONAL PROPERTY

Amount of Business Personal Property? (furniture, equipment., etc.) $ _____

Deductible: ☐ $500 ☐ $1000 ☐ $2500 ☐ $5000

Amount of Computer Equipment? (software, hardware, laptop, etc.) $ _____

Current Carrier: _____ Exp. Date: _____

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

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: $ _____

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: _____

CLAIMS INFORMATION

Any Claim reported on your professional liability, 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

Date: _____ 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.)

Submit Form

For questions, please call:
866.467.3627

Desert Mountain
INSURANCE SERVICES, INC.

For more info, please visit:
www.desertmountaininsurance.com