



Insurance Quick Quotes for Chiropractors

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

Contact: _____ Requested Effective Date: _____

Location Address: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

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: \$	_____

BUSINESS PERSONAL PROPERTY	
Amount of Business Personal Property? (furniture, medical and office equipment, etc.) \$	_____
Deductible:	\$250 \$500 \$1000 \$2500 \$5000
Amount of Computer Equipment? (software, hardware, laptop, etc.) \$	_____

Date: _____

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 Insurance Company:	
Name:	_____ Exp. Date: _____
Have you reported a Claim in the last 3 years?	YES NO
If Yes, please describe:	_____

PROFESSIONAL LIABILITY	
Professional Liability:	Occurrence Claims-Made
If Claims-Made what is your Retroactive Date:	_____
Do you perform MUA /MUJA?	YES NO Certified? YES NO
Do you perform Acupuncture?	YES NO
Limit:	\$1 mil / \$3 mil \$2 mil / \$4 mil Other _____
Full-time Part-time Effective Date:	_____
Current Insurance Company:	
Name:	_____ Exp. Date: _____
Have you reported a Claim 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.
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