



850 Cassatt Road | 100 Berwyn Park Suite 220 | Berwyn, PA 19312
Main Number: 888-335-5335 | Fax: 610-644-5265

QUICK QUOTE FORM / IPA Program

ATTENTION: Edge Professional Liability

Date: _____
Name of Practice: _____
Address: _____
Office Administrator name: _____
Contact email address: _____
Contact phone number: _____
Number of physicians in the practice: _____
Physician Name(s): _____

Current medical malpractice carrier: _____
Any claims within the last 10 years? _____
(if so please complete the attached)
Policy Renewal/Effective date: _____

Limits of Coverage: \$1,000,000/\$3,000,000 \$2,000,000/\$4,000,000

Type of policy coverage: Claims-Made Occurrence Claims-Made with pre-paid tail

(if claims-made, retroactive dates will need to be provided in order to offer a competitive quote)

Are you interested in a **FREE** Risk Management Lunch & Learn? Yes No

Are there any particular issues/topics you would like addressed at your practice? i.e. medical records requests, front office management

