

EDGE Professional Liability Services



Premium Indication Request Form

FAX COMPLETED FORM To

973-957-0041

Or Scan and Email to peterleone@edgepro.net

Attention: Peter Leone

Name _____ Phone Number _____

Address _____ FAX Number _____

E-Mail _____

What is your preference for communication? PHONE _____ FAX _____ E-MAIL _____

Who is the person responsible for the insurance decisions? _____

Tell us about your Insurance Needs . . .

What is your medical specialty? _____

What type of policy do you currently have? _____ Claims Made _____ Occurrence

What are the limits of coverage? _____ 1M/3M Other _____

How many physicians are currently covered? _____

How many non – medical staff (NP’s – PA’s)? _____

When does your current policy renew? _____

Do you currently have corporate coverage? YES NO

Do you have a separate limit of coverage for your corporation? YES NO

What areas are most important to your practice?

Claims _____ Risk Management _____ Premium Stability _____ Premium Financing _____