



Ballpark Request Form Podiatry *PLUS* Professional Liability Insurance

Name _____

Street _____

City _____ County _____ State _____ Zip _____

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Phone _____ Fax _____

Email _____

RISK MANAGEMENT PRACTICES
Risk management course completed within the past 2 years?
 _____ Yes _____ No If Yes, Date Completed: _____

Use of written informed consent for surgical procedures?
 _____ Yes _____ No

PATIENT PROFILE
Percentage of your practice that involves the treatment of these patient types (Does NOT equal 100%):

Athletes _____% Children _____% Diabetics _____%

Other High Risk Patients _____%

PROCEDURE MIX (Indicate the percentage of time spent annually in the following areas; total must equal 100%)

Non Surgical Care* _____%

Soft Tissue Surgery _____%

Osseous Surgery _____%

** The following are considered "non-surgical": diagnostic and therapeutic injections; all nail related procedures; abscess incision and drainage; excision of molluscum contagiosum cysts and other benign lesions (including warts and calluses); and treatment of ulcers.*

CURRENT POLICY INFORMATION

Carrier: _____

Expiration Date: _____ Retroactive Date: _____

Type:
 ___ Claims Made ___ Occurrence

Limits:
 ___ \$100,000/\$300,000 ___ \$250,000/\$750,000
 ___ \$1 Million/\$3 Million ___ Other: _____ / _____

Annual Premium: \$ _____

PRACTICE PROFILE

Date Practice Started: _____

Are you practicing as a
 ___ Owner ___ Employee ___ Independent Contractor

Number of Podiatrists in your practice:
 ___ Employees ___ Independent Contractors

Type of Practice:
 ___ Solo ___ Partnership ___ Corporation

Number of hours worked per week: _____

Are you Board Certified? ___ Yes ___ No

Professional Organizations to which you belong (ACFAOM, APMA, ACFS, ABPS, AAFS, others): _____

SURGICAL PROCEDURES PER YEAR _____

Estimated number of the following surgeries performed *per year*:

Joint or other Implants or Prosthesis _____

Ankle joint / lower leg surgery _____

Tendon Transfer Surgery _____

Achilles Tendon Surgery _____

Laser Surgery _____

Minimal incision foot surgery _____

Bunion Surgery _____

Non Osteotomy _____

Osteotomy _____

LOSS and DISCIPLINARY ACTION INFORMATION

___ No Claims or Disciplinary Actions ___ Details of all open/closed claims and disciplinary actions are attached

Professional Services Plans, 3101 W Martin Luther King Jr. Blvd, Ste 400, Tampa, FL 33607
 Ph: (800) 467-8734 x 5150 Fax: (813) 222-4288

** Premium indications provided are not firm quotations and are not bindable. Terms, limits, deductibles, conditions and price may change upon receipt, review and acceptance of a completed application and supporting documentation by the company. A binding quotation will not be issued without the company's full underwriting due diligence.*