

Professional Liability "QUICK QUOTE"

UNOFFICIAL! NON-BINDING!

A binding quotation is subject to receipt of a completed application and approval of the company. This is a "Quick Quote" form to permit us to give you a premium indication.

Please complete and return this form to:

Pinkham Agency, Inc. // 40 Commerce Place // Suite 100 // Hicksville // NY // 11801
Telephone: (877) 402-7945 // Fax: (516) 827-4280 or Fax: (516) 827-4281

1. Name of Applicant: _____

2. Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Email _____

3. Estimated Annual Revenue: _____

4. Limits of Liability required: _____

5. Does the application currently carry Professional Liability Insurance?
Yes _____ No _____

Please provide the following regarding your current year of coverage:

a. Insurance Company _____

b. Deductible _____

c. Premium _____

d. Expiration (month// day// year)

e. Retroactive or Prior Acts date if you have a claim's made policy

6. Number of Mediators/Arbitrators _____

7. Name of Person Submitting this Report: _____

8. Do you require coverage for legal services? Yes _____ No _____

9. If you require coverage for legal services, what % of your billable hours are spent on legal services? Max 25% _____ Type of services: _____

To receive a binding quote, please request an application for completion. For additional information, please return this form to Pinkham Agency, Inc.

Att: Marc Berg Email: Mberg@pinkhamagency.com