



P 818.889.7399 | F 818.979.8003 | 30401 Agoura Rd. Suite 101 | Agoura Hills, CA 91301

PHYSICIAN QUICK QUOTE FORM

| CONTACT INFORMATION | | | |
|--|------------|--------------------------------|------------------|
| Full Name*: | _____ | E-mail: | _____ |
| Phone*: | _____ | Fax: | _____ |
| Contact Person: | _____ | Preferred Contact Method: | _____ |
| PRACTICE INFORMATION | | | |
| Corporation / DBA Name: | _____ | | |
| Address 1: | _____ | Address 2: | _____ |
| City: | _____ | State: | _____ Zip: _____ |
| COVERAGE INFORMATION | | | |
| Specialty: | _____ | | |
| Medical License #: | _____ | Date of Birth: | _____ |
| Requested Limits: | _____ | | |
| Effective Date: | _____ | Retroactive Date: | _____ |
| Current Carrier: | _____ | | |
| Current Annual Premium: | _____ | | |
| *Please attach a copy of the physician's current "Declarations of Coverage" page. | | | |
| Have you had a claim in the last 10 years? | Yes | No | |
| If "Yes," how many? | _____ | | |
| *Please attach a copy of the physician's claims history or any pertinent claims information. | | | |
| Are you a member of a group? | Yes | No | |
| Group Name: | _____ | Number of physicians in group: | _____ |
| Do you work more than 20 hours per week? | Yes | No | |
| PROCEDURE INFORMATION | | | |
| I perform: | | | |
| Anesthesiology | | Invasive Cardiology Procedures | |
| Bariatrics/Bariatric Surgery | | Obstetrics | |
| Cosmetics/Plastic Surgery | | Rheumatology | |
| Emergency Medicine/ER Duties | | Urgent Care | |
| Please choose a surgical category: | No Surgery | Minor Surgery | Major Surgery |
| ADDITIONAL INFORMATION | | | |
| How did you hear about Fairway Physicians Insurance Co.? | _____ | | |