



Premium Estimate Request - Chiropractors

To: California Professional Insurance Services

Fax: (714) 669-9230
Phone: (714) 573-8899 (800) 633-8884

From: \_\_\_\_\_

Date: \_\_\_\_\_

Yes, I would like to receive a premium estimate for professional liability insurance.

- Please fax, e-mail or mail me a premium estimate.
Please send me an application packet.
My renewal Date
Please Call Me

- Desired Limits:
\$100,000 / \$300,000
\$200,000 / \$600,000
\$250,000 / \$750,000
\$500,000 / \$1,000,000
\$500,000 / \$1,500,000
\$1,000,000 / \$1,000,000
\$1,000,000 / \$3,000,000

Number of employed:
Chiropractors:
Other healthcare providers:
Practice Location Own, Rent or Lease

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone / \_\_\_\_\_

Fax / \_\_\_\_\_

E-mail \_\_\_\_\_

License / MONTH YEAR

I am currently insured with \_\_\_\_\_

- I have had continuous Claims-Made coverage since MONTH / DAY / YEAR
I have Occurrence coverage.

My desired effective date for insurance is MONTH / DAY / YEAR

Number of claims in the last five (5) years 10 years

Has your professional liability insurance ever been canceled? YES NO Non-renewed? YES NO

Are you a: Sole Practitioner Professional Corp Employee Independent Contractor operating within the confines of another's practice

Name of Clinic or Corporation: \_\_\_\_\_

How many hours per week do you practice? \_\_\_\_\_

California Professional Insurance Services

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