



Premium Estimate Request - Acupuncture

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/mail me a premium estimate.
Please send me an application packet.
Please call me.
My renewal Date _____

Desired Limits:

- \$200,000 / \$600,000
\$300,000 / \$900,000
\$500,000 / \$1,500,000
\$1,000,000 / \$3,000,000

Number of employed:

Acupuncturists: _____

Other healthcare providers: _____

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

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

Number of claims in the last five (5) 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/Corporation: _____

Do you use Arbitration Forms? [] YES [] NO

Do you obtain the patients written informed consent prior to treatment? [] YES [] NO

Do you dispense or sell herbs? [] YES [] NO If Yes, are herbs pre-packaged? [] YES [] NO

List any professional acupuncture association and/or society of which you are a member: _____

California Professional Insurance Services

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