

**CALIFORNIA
PROFESSIONAL
INSURANCE
SERVICES**

Chiropractor "Quick Quote"

14742 Plaza Drive, Suite 201, Tustin CA 92780 . Tel: (714)573-8899 . Fax: (714) 669-9230 . License No. 0773823

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

E-Mail: _____

Graduation Date: _____ Date first licensed: _____

Are you currently insured? Yes No

Name of carrier: _____

Claims Made Occurrence

Retroactive date: _____

Expiration Date: _____

Patient Contact Hours per week: _____
(Actual hours with your patients - Not Office Hours)

Average number of patients per week: _____

Any Claims in the past five years: _____

Other Healthcare Licenses: _____

How did you hear about us?

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

***Annual Membership Fee \$20.00**

**Waived first two years for New-to-Practice
Doctors*

Are you a: Sole Practitioner Professional Corporation
 Independent Contractor Employee

Number of Employed Chiropractors: _____

Do you teach at an Chiropractic college? Yes No

Are you a member of any chiropractic association? _____

How would you like to receive your quote(s): Phone Fax E-mail Mail

Quoted: _____ Referral: _____