



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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