



Podiatric Professional Liability Request For Indication Form



Name

Street

City County State Zip

Phone Fax

email

RISK MANAGEMENT PRACTICES

Risk management course completed within the past 1 year?

_____ Yes _____ No

Use of written informed consent for surgical procedures?

_____ Yes _____ No N/A

DIABETIC PATIENTS

What percent of your patient load involves diabetic patients?

_____ 0-15% _____ 16-30% _____ 31-50%
_____ 51-70% _____ 71-100%

CURRENT POLICY INFORMATION

Carrier: _____

Expiration Date: _____ Retroactive Date: _____

Type:
___ Claims Made ___ Occurrence

Limits:
___ \$100,000/\$300,000 ___ \$250,000/\$750,000
___ \$1 Million/\$3 Million ___ Other: _____

Annual Premium: \$ _____

PROCEDURE MIX (Indicate the percentage of time spent annually in the following areas; total must equal 100%)

Non-Surgical Care* _____%

Soft Tissue Surgery _____%

Osseous Surgery _____%

** The following are considered "non-surgical": diagnostic and therapeutic injections; all nail related procedures; abscess incision and drainage; excision of molluscum contagiosum cysts and other benign lesions (including warts and calluses); and treatment of ulcers.*

PRACTICE PROFILE

Date Practice Started: _____

Are you practicing as a
___ Owner ___ Employee ___ Independent Contractor

Number of Podiatrists in your practice:
___ Employees ___ Independent Contractors

Type of Practice:
___ Solo ___ Partnership ___ Corporation

Number of hours worked per week: ___ various see attached

Are you Board Certified? ___ Yes ___ No

Professional Organizations to which you belong (ACFAOM, APMA, ACFS, ABPS, AAFS, others): _____

SURGICAL PROCEDURES PER YEAR

Estimated number of the following surgeries performed *per year*:

- Joint or other Implants or Prosthesis _____
- Ankle/Joint /Lower Leg Surgery _____
- Tendon Transfer Surgery _____
- Achilles Tendon Surgery _____
- Laser Surgery _____
- Minimal Incision Foot Surgery _____
- Bunion Surgery – Non-Osteotomy _____
- Bunion Surgery - Osteotomy _____
- Hammertoe Surgery _____
- Cryosurgery/Chemosurgery _____
- Amputation _____
- Arthroereisis _____
- Other (describe): _____

LOSS and DISCIPLINARY ACTION INFORMATION (*settled or pending*)

_____ No Claims or Disciplinary Actions _____ Details of all open/closed claims and disciplinary actions are attached

For further information or to submit completed form for a quote, please contact:

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