



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%

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.*

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: \$ _____

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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