COMPLETE THIS FORM TO GET A QUICK PREMIUM COMPARISON FOR PROFESSIONAL PODIATRIST INSURANCE

ROCKWOOD PROGRAMS, INC.
3001 Philadelphia Pike, Claymont, DE 19703 Tel: 800-365-0816 Fax: 302-764-9125 www.rockwoodinsurance.com

Name _____

Primary Office Address _____

City _____ County _____ State _____ ZIP _____

Email _____ Phone (_____) _____ Fax (_____) _____

Date of Birth _____ Date Practice Started _____

Current Policy Expiration Date _____ Retroactive Date _____

Current Policy Limits $ _____ Current Policy Deductibles $ _____

Insurance Company Name _____ Annual Premium Paid Last Year $ _____

Practice Hours per Week ..... _____

I practice as ..... ☐ Owner ☐ Employee of another DPM ☐ Associate ☐ Independent Contractor

My practice is ..... ☐ Solo Practice ☐ Partnership ☐ Corporation ☐ LLC ☐ Association ☐ Multi-Podiatrist

I employ other DPMs in my practice. ☐ Yes ☐ No *If "Yes", how many are employees?* _____ *Independent contractors?* _____

I have completed a risk management course in the past 2 years. ..... ☐ Yes ☐ No

I teach. ..... ☐ Yes ☐ No

I am enrolled in a residency program..... ☐ Yes ☐ No

I have had additional medical training after my residency ..... ☐ Yes ☐ No

I am a member of a regional or national podiatric organization. ..... ☐ Yes ☐ No

I am board certified ..... ☐ Yes ☐ No

Patient medical history is updated each visit..... ☐ Yes ☐ No

I use Written Informed Consent for surgical procedures ..... ☐ Yes ☐ No

What percent of my patient load involves diabetic patients? ☐ 0-15% ☐ 16-30% ☐ 31-50% ☐ 51-70% ☐ 71-100%

The time I spend performing the following procedures is *(if none, write "0")*:

Non Surgical Care _____ % Soft Tissue Surgery _____ % Osseous Surgery _____ % ***Must equal 100%***

If 5% or less Osseous Surgery, do I refer patients to another podiatrist for surgery? ..... ☐ Yes ☐ No

The estimated number of the following **surgeries** I perform ***per year*** is? *(if none, write "0")*

Implants/Prosthesis ..... _____

Ankle/joint/lower leg surgery ..... _____

Tendon/Tendon Transfer Surgery ..... _____

Bunion Surgery–Non Osteotomy ..... _____

Bunion Surgery–Osteotomy ..... _____

Sport Injuries or Children *(Surgery Only)* ..... _____

Loss Information—Has any professional liability claim or suit been made against you, your predecessors in business, or against any past or present partner? ..... ☐ Yes ☐ No *If "Yes", please provide details on a separate sheet.*

Are you aware of any circumstances that might give rise to a claim under this policy? .... ☐ Yes ☐ No *If "Yes", please provide details on a separate sheet.*

Please return via fax to 302-764-9125. ***For more information call 800-365-0816.***