

Professional Liability "QUICK QUOTE"

UNOFFICIAL! NON-BINDING!

A binding quotation is subject to receipt of a completed application and approval of the company. This is a "Quick Quote" form to permit us to give you a premium indication.

Please complete and return this form to:

Pinkham Agency, Inc. // 40 Commerce Place // Suite 100 // Hicksville // NY // 11801

Tel: (877) 402-7945 // Fax: (516) 827-4280 Email: mberg@pinkhamagency.com

1. Name of Applicant: _____

2. Mailing Address: _____

Telephone: _____ Fax: _____ Email _____

3. Estimated Annual Sales: _____

4. Limits of Liability required _____

5. Has the Applicant carried Professional Liability Insurance

Yes _____ No _____

Please provide the following regarding your current year of coverage:

a. Insurance Company

b. Deductible

c. Premium

d. Expiration (month// day// year)

e. Retroactive or Prior Acts date if you have a claim's made policy

6. Number of Mediators/Arbitrators _____

7. Name of Person Submitting this Report: _____

8. Do you require coverage for legal services

Yes _____ No _____

To receive a binding quote, please request an application for completion. For additional information, please return this form to Pinkham Agency, Inc.

Att: Marc Berg Email: Mberg@pinkhamagency.com