

# **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*