



Mesa Medical Insurance
8100 Wyoming Blvd NE
Ste. #M4-252
Albuquerque, NM 87113

Please fill out this form in its entirety to receive a premium estimate for medical malpractice insurance through Mesa Medical Insurance. DO NOT CANCEL your current coverage prior to receiving Confirmation of Coverage with the MMI.

A Risk Retention Group may not be subject to all of the insurance laws and regulations of your state. State insurance insolvency guaranty funds are not available for a Risk Retention Group.

CONTACT INFORMATION

Today's Date: \_\_\_/\_\_\_/\_\_\_ Requested effective date: \_\_\_/\_\_\_/\_\_\_

Physician's Name (Please Print):
FIRST MIDDLE LAST

Practice Address\*:
STREET ADDRESS CITY STATE ZIP

Office Phone: Office Fax:

Email: Website:

Person to Contact: Best time to reach: AM / PM

How did you hear about Mesa Medical? Internet Mail Email Referral Other

PRACTICE INFORMATION

Medical specialty:
No Surgery Minor Surgery Major Surgery

Medical License #: Date of Birth: \_\_\_/\_\_\_/\_\_\_

Practice Type: Solo Practice Employed by a Medical Group: Office Sharing Arrangement
Group Name:

Do you work 20 hours or more per week? Yes No

INSURANCE INFORMATION

Current professional liability carrier:

Have you had any claims in the past 10 years? Yes No

Please attach a copy of your CURRENT Declaration Page from your current policy showing your policy period, limits of liability, and retroactive date (if applicable).

COVERAGAE INFORMATION

Requested effective date of coverage: : \_\_\_/\_\_\_/\_\_\_ Retroactive coverage date: \_\_\_/\_\_\_/\_\_\_

Name of your current professional liability carrier\*: \_\_\_\_\_

*\*Please attach a copy of your current carrier's Declaration of Coverage indicating the retroactive coverage date and premium.*

**CLAIMS INFORMATION**

Have you been named in any claims (including incidents or arbitrations) in the past 10 years?  YES -  NO

If Yes, please indicate number of claims:

\_\_\_\_\_

**ADDITIONAL INFORMATION**

How did you hear about Mesa Medical Insurance Company? \_\_\_\_\_

**THANK YOU FOR YOUR INTEREST!**

**We will do our best to have a premium estimate out to you within 48 hours of receipt.**