



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

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

Practice Address*: STREET ADDRESS CITY STATE ZIP

* If less than 10 years at this location, please list prior address on a separate sheet of paper.

Office Phone: Office Fax:

Cell Phone: Email:

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

PROFESSIONAL INFORMATION

Medical specialty requiring coverage: Date of birth: / /

Medical License #: Number of hours worked per week

Describe your practice: Solo Practice Employed by a Medical Group Office Sharing Arrangement
Name (DBA):

COVERAGE 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.