

TDA QUICK QUOTE REQUEST • BUSINESS INSURANCE PLANS

Please complete and return via fax (866.791.2806) or email (TDA@assoc-admin.com)

PERSONAL INFORMATION _____

Contact Name: _____

Practice Name: _____

Street Address (including bldg. names and/or suite numbers):

City/State/Zip: _____

County: _____

Phone: _____

Fax: _____

Email: _____

Best time to call you: _____

CURRENT COVERAGE INFORMATION _____

1. Property Carrier: _____

Renewal Date: _____ **Premium:** _____

2. Malpractice Carrier: _____

Renewal Date: _____ **Premium:** _____

3. Workers' Comp Carrier: _____

Renewal Date: _____ **Premium:** _____

GENERAL INFORMATION _____

1. Do you practice as a:
 Sole Proprietor Partnership Solo Corp. Other

2. Specialty: _____

3. Do you rent? YES NO

4. Do you own the building? YES NO

5. Any malpractice claims or property losses in the last 4 yrs.?
 YES NO

If yes, please explain: _____

PROFESSIONAL LIABILITY INSURANCE _____

1. What are your current professional liability limits?

2. What type of professional liability policy do you currently have? Occurrence Claims-made

3. If Claims-made, state your retroactive/prior acts date:

4. Do you treat patients who are under general anesthesia?
 YES NO

If yes, where? Hospital Office

5. Do you place implants? YES NO

6. Do you do Botox or dermal fillers? YES NO

7. Number of hours worked weekly: _____

PROPERTY DETAILS _____

1. What is the replacement value of clinical/office equipment you own? \$ _____

2. What is the value of the clinical/office equipment you lease? \$ _____

3. How many locations do you have? _____
(Provide addresses of all locations on additional paper.)

4. What year was the building constructed? _____

5. How is the building you occupy constructed? (Check each box which applies to your building.)

Exterior Wall Construction:

Frame (wood) Frame with brick cover

Concrete (no wood) Steel with metal siding

Steel with sprayed masonry Steel with masonry

Steel with all glass

Roof Construction:

Wood Wood with steel Steel only

6. Check here if building has a functional interior sprinkler system.

7. Check here if you are required to carry flood insurance.

8. Check here if there is a body of water within 100 feet of your building (river, lake, creek).

REAL ESTATE _____

1. How many floors are in the building? _____

2. Total square feet you occupy? _____

3. Are you the building's sole occupant? YES NO

4. Is the building a condo? YES NO

Do you own it (studs in)? YES NO

5. If you own the building, is the building owned under the same name as the practice? YES NO
If not, under what name is the building owned?

6. If you own the building what is the replacement value?

Total square feet in the building? _____

7. Any claims in the last five years? YES NO

If yes, please explain: _____

WORKERS' COMPENSATION _____

1. Annual payroll (excluding officers and owners):
\$ _____

2. Will you cover officers/owners in workers' compensation plan? YES NO

If yes, what is the annual payroll for officers and owners?
\$ _____

3. Any claims in the last five years? YES NO

If yes, please explain: _____

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