



**Professional Liability/Medical Malpractice  
Preferred • Standard • Non-Standard**

303 Middletown Park Place • Suite F • Louisville KY 40243  
Nationwide 1 (800) 216-1056 • (502) 244-1056 • FAX (502) 254-1056  
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WARNING – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**BROKER RISK SUMMARY**

**(Medical Malpractice and Specified Medical)**

AGENT'S NAME: \_\_\_\_\_

DOCTOR'S/GROUP'S NAME: \_\_\_\_\_

PRACTICE ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE/FAX: Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

SPECIALTY: \_\_\_\_\_

SURGERY (check with applies)  No Surgery  Minor Surgery  Major Surgery

COUNTY OF PRACTICE: \_\_\_\_\_

HOURS PER WEEK: \_\_\_\_\_

CURRENT CARRIER: \_\_\_\_\_

PREMIUM: \_\_\_\_\_

RETRO DATE: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

LIMITS REQUIRED: \$ \_\_\_\_\_ per claim/\$ \_\_\_\_\_ aggregate

ADD CORPORATION:  Yes  No Name: \_\_\_\_\_

ADDITIONAL INSURED: \_\_\_\_\_

Please list. \_\_\_\_\_

NUMBER OF CLAIMS & DATES: \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

**AGENT REMINDER- THE FOLLOWING FORMS ARE AVAILABLE:**

- General Application
- Specialty Application
- Subscription Agreement
- Part-Time Hours Declaration

- No Known Claims Form
- Claims Supplement Form
- Finance Agreement & Down Payment Check
- CV