



INSTRUCTIONS FOR FAXING YOUR COMPLETED APPLICATION:

We greatly appreciate this opportunity to prepare a detailed quote regarding your professional insurance needs.

Please take a few moments of your time to print and complete the following application. Upon completion, we kindly request that you use this instruction page as your FAX Coversheet while additionally providing your name and phone number in the space provided below.

When ready, please fax these items to:

Steve Napier
Southeast Insurance, Inc.
FAX: (601) 268-1666

Your Full Name:	
Your Daytime Telephone #:	



Physician's Quick Quote

Doctors Insurance Reciprocal is committed to providing you with superior cost-effective products and services. For an immediate premium indication, please furnish the following information.

Practice Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Fax: _____

Limits of Liability: _____ Current Expiration Date: _____

Do you desire separate limits of liability for your corporation? ☐ Yes ☐ No

Do you desire a quote for separate limits for Allied Health Professionals? ☐ Yes ☐ No

PLEASE COMPLETE THE FOLLOWING FOR EACH PHYSICIAN and/or ALLIED HEALTH PROFESSIONAL REQUIRING SEPARATE LIMITS:

Physician Name : _____ Retroactive Date: _____

Specialty/Subspecialty: _____ Year Residency Completed: _____

If Family Practice, Internal Medicine or Radiology, do you perform invasive procedures? ☐ Yes ☐ No If yes, how many per year? _____ Number of Years Loss Free _____

Do you practice outside the specialty for which you were trained ☐ Yes ☐ No

Where do you have hospital privileges? _____

Final determination of coverage and premium is subject to submission of a completed application.

If you need further information or have questions, please call our offices at **800-488-9060**.