



Harold Diers and Company  
 11635 Arbor St., Suite 230  
 Omaha, NE 68144  
 www.hdiers.com

**Get a Premium Indication for Coverys Podiatry Preferred Professional Liability Insurance**

Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 ( ) ( )  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

**RISK MANAGEMENT PRACTICES**  
 Risk management course completed within the past 1 year?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No Date \_\_\_\_\_  
 What percentage of your practice involves (includes IV Conscious Sedation):  
 \_\_\_\_\_ Local Anesthesia \_\_\_\_\_ General Anesthesia

**DIABETIC PATIENTS**  
 What percent of your patient load involves diabetic patients?  
 \_\_\_\_\_ 0-15% \_\_\_\_\_ 16-30% \_\_\_\_\_ 31-50%  
 \_\_\_\_\_ 51-70% \_\_\_\_\_ 71-100%

**PROCEDURE MIX** (Indicate the percentage of time spent annually in the following areas; total must equal 100%)

Surgery \_\_\_\_\_ %  
 Non-Surgery \_\_\_\_\_ %

*\* The following are considered "non-surgical": diagnostic and therapeutic injections; all nail related procedures; abscess incision and drainage; excision of molluscum contagiosum cysts and other benign lesions (including warts and calluses); and treatment of ulcers.*

**CURRENT POLICY INFORMATION**  
 Carrier: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ Retroactive Date: \_\_\_\_\_  
 Type:  
 \_\_\_\_\_ Claims Made \_\_\_\_\_ Occurrence  
 Limits:  
 \_\_\_\_\_ \$100,000/\$300,000 \_\_\_\_\_ \$250,000/\$750,000  
 \_\_\_\_\_ \$1 Million/\$3 Million \_\_\_\_\_ Other: \_\_\_\_\_  
 Annual Premium: \$ \_\_\_\_\_

**PRACTICE PROFILE**  
 Date Practice Started: \_\_\_\_\_  
 Are you practicing as a  
 \_\_\_\_\_ Owner \_\_\_\_\_ Employee \_\_\_\_\_ Independent Contractor  
 Number of Podiatrists in your practice:  
 \_\_\_\_\_ Employees \_\_\_\_\_ Independent Contractors  
 Type of Practice:  
 \_\_\_\_\_ Solo \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation  
 Number of hours worked per week: \_\_\_\_\_  
 Are you board certified/eligible? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Professional Organizations to which you belong (ACFAOM, APMA, ACFS, ABPS, AAFS, others): \_\_\_\_\_

**SURGICAL PROCEDURES PER YEAR**  
 Estimated number of the following surgeries performed *per year*:

Joint or other Implants or Prosthesis \_\_\_\_\_  
 Ankle/Joint /Lower Leg Surgery \_\_\_\_\_  
 Tendon Transfer Surgery \_\_\_\_\_  
 Achilles Tendon Surgery \_\_\_\_\_  
 Laser Surgery \_\_\_\_\_  
 Minimal Incision Foot Surgery \_\_\_\_\_  
 Bunion Surgery – Non-Osteotomy \_\_\_\_\_  
 Bunion Surgery - Osteotomy \_\_\_\_\_  
 Hammertoe Surgery \_\_\_\_\_  
 Cryosurgery/Chemosurgery \_\_\_\_\_  
 Amputation \_\_\_\_\_  
 Arthroereisis \_\_\_\_\_  
 Other (describe): \_\_\_\_\_

**LOSS and DISCIPLINARY ACTION INFORMATION** (*settled or pending*)  
 \_\_\_\_\_ No Claims or Disciplinary Actions \_\_\_\_\_ Details of all open/closed claims and disciplinary actions are attached

**Please call (402) 484-5880 or (800) 444-1330, extension 6  
 if you have questions or require assistance.  
 Fax the completed form to: 888-314-5009  
 or email it to agent@hdiers.com**

*\* Premium indications provided are not firm quotations and are not bindable. Terms, limits, deductibles, conditions and price may change upon receipt, review and acceptance of a completed application and supporting documentation by the company. A binding quotation will not be issued without the company's full underwriting.*