



Quick Quote Form

Physician Name: _____

Practice Location: _____

Type of Practice: _____
(Group, Solo, LLC, Etc.)

Contact Person: _____

Phone: _____

Email: _____

Medical Specialty: _____

Surgery: Yes No

If Yes: Major Minor

Current Carrier: _____

Retro Date: _____

Effective Date: _____

Current Limits: _____

Current Premium: _____

Current Agent: _____

Please attach "CV" and declarations policy

Return Via Fax: 775.336.2263

Telephone Number: 866.371.7742

or submit this form online at www.ppicdocs.com/quick_quote

Note that a Quick Quote is a base rated estimate of annualized premium and includes no credits or debits. It also does not include the required capital contribution. For a more accurate quote, please complete a full Premier Physicians Insurance Company application and submit to our office.