



## ***QUICK QUOTE – ALLIED HEALTHCARE***

### **Physical Therapist:**

First Name:  Last Name:   
Birth Date:   PT  NP  Other: \_\_\_\_\_

### **Practice Location:**

Name of Practice:   
City:  State:  Zip Code:

### **Insurance Information:**

Retro Date Requested:  Current Carrier:   
Effective Date Requested:   
Limits Requested:  \$1M/\$3M  \$500K/\$1.5M  \$200K/\$600K

### **Practice Information:**

Practitioner for the Past \_\_\_\_\_ Years  
Have You Had Any Claims in the Last 13 Years?  Yes  No  
If Yes, Date of Claim:  Amount of Settlement/Verdict: \$

### **Signature:**

I hereby represent that the above information is true and correct.

\_\_\_\_\_  
(Signature)

Date:

This does not constitute an offer to provide insurance. The premium estimate to be provided by Keystone Mutual Insurance Company (Keystone Mutual) is only an estimate based on the information presented herein. It does not constitute a firm quotation on the part of, and is not binding on, Keystone Mutual. A quotation can only be provided by Keystone Mutual upon receipt and review of a fully completed application for insurance.

*Solid | Secure | Smart*