



**Gulf Atlantic Legal Defense Insurance**  
**Premium Indication/Self-Insurance Comparison**  
E-mail: [Underwriting@gulfatlantic.com](mailto:Underwriting@gulfatlantic.com)  
Fax (850) 385-1657  
Phone (850) 385-8555, ext. 4105

**General Information**

Name: \_\_\_\_\_ MD ☐ DO ☐  
County: \_\_\_\_\_ Medical License No.: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Personal/Cell Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Policy/Practice Information**

Policy Start Date: \_\_\_\_\_ Retroactive Date (if you want prior acts coverage): \_\_\_\_\_  
Your Practice Specialty: \_\_\_\_\_ Your Subspecialty: \_\_\_\_\_  
Do you currently have insurance? Yes ☐ No ☐  
If Yes, what are your limits? Defense Only ☐ \$100,000/\$300,000 ☐ \$250,000/\$750,000 ☐  
\$1,000,000/\$3,000,000 ☐

**Personalized Self Insurance Comparison**

If you currently have coverage, would you like a personalized *Self-Insurance Comparison*? Yes ☐ No ☐

If Yes, please complete the following additional questions:

- a. What is your current insurance premium? \_\_\_\_\_
- b. How many years have you been in practice? \_\_\_\_\_
- c. Have you been sued for malpractice in the past that resulted in a settlement or judgment?  
Yes ☐ No ☐
- d. If so, how many times? \_\_\_\_\_

**Acknowledgment and Release**

You acknowledge that the premium indication provided by us is just an estimate and does not constitute a quote or offer for coverage. An offer or quote is only available upon the submission of a full Application for Coverage and underwriting review, and the quoted premium may be higher or lower than the premium indication. If you have requested a personalized Self Insurance Comparison, you agree that these are just estimations of savings or costs and are for illustrative purposes only. Self insurance by its definition involves the assumption of risk by the physician, and the financial benefits or detriments associated with self insuring will depend on factors personal to your practice. You acknowledge that you are not relying on our Self Insurance Comparison in making your decision to self insure, that any decision to self insure is yours alone, and you release Gulf Atlantic from all liability arising from your use of our Self Insurance Comparison.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Preferred Method of Contact: E-mail ☐ Text ☐ Fax ☐ Mail ☐

[If by mail, provide preferred address: \_\_\_\_\_]