

MCM Agency, Inc.

"Helping You Choose The Right Insurance Is Our Specialty"



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Rapid Rate Sheet

Complete this form and return it with your current policy declaration page for an instant quote.

Please print neatly

PHYSICIAN NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

OFFICE TELEPHONE _____ CELL _____

BEST TIME TO CALL _____ FAX NUMBER _____

EMAIL ADDRESS _____

BOARD CERTIFICATION _____ SPECIALTY _____

DO YOU PERFORM SURGERY? YES NO IF YES, IS IT COSMETIC SURGERY? YES NO

DO YOU PERFORM INVASIVE PROCEDURES? YES NO

IF YES, LIST THEM HERE _____

CURRENT MALPRACTICE INSURANCE CARRIER _____

TYPE OF POLICY (CHECK ONE) CLAIMS MADE OCCURRENCE

IF CLAIMS MADE, LIST FIRST DAY YOU WERE INSURED _____

DO YOU TEACH? YES NO

IF YES, WHERE _____ # OF HOURS PER WEEK _____

LIST ALL HOSPITALS YOU HAVE ADMITTING PRIVILEGES TO _____

ARE YOU A MEMBER OF THE MAGNA CARE NETWORK YES NO

**FAX THIS FORM ALONG WITH THE MOST RECENT DECLARATION PAGE FROM
YOUR CURRENT MALPRACTICE INSURANCE TO 914-276-0566 AND WE WILL
CONTACT YOU WITH A QUOTE.**