BEAUMONT PHYSICIANS INSURANCE COMPANY
ESTIMATE REQUEST FORM*
Medical Professional Liability Insurance

To obtain a BPIC estimate, please return a copy of your current insurance policy "face sheet" (Advice of Insurance) with this fully completed form to: Email: BPIC@Beaumont.org or Fax: 947-522-1041
Questions? Call: 947-522-1040

PHYSICIAN NAME: _____M.D./D.O./OTHER_____
(Please Print) **Last,** **First**

P.C. Name	_____ ☐ **Solo** ☐ **Group** **If Group, indicate number of physicians in your group** _____		
Physician Contact	Phone	Fax	Email
U.S. Mail Address			
Office Contact	Name		Email: Phone:

YOUR CURRENT BEAUMONT AFFILIATION

1. **Your Specialty:** _____ ☐ No Surgery ☐ Minor Surgery ☐ Major Surgery
2. **At which Beaumont hospital(s) do you currently have privileges?**
   ☐ Dearborn ☐ Farmington Hills ☐ Grosse Pointe ☐ Royal Oak
   ☐ Taylor ☐ Trenton ☐ Troy ☐ Wayne
3. **If not currently on Beaumont's Active staff, do you have an application with credentialing in process?** ☐ **Yes** ☐ **No**

YOUR CURRENT INSURANCE

1. **Did you attach your current insurance policy "face sheet" (Declarations Page/Advice of Insurance)?** ☐ **Yes** ☐ **No**
2. **Current Policy Retroactive Date:** _____
3. **Current Policy Form:** ☐ Modified Claims Made ☐ Claims Made
4. **Current Limit of Liability:**
   ☐ $100,000 per claim/$300,000 annual aggregate
   ☐ $200,000 per claim/$600,000 annual aggregate
   ☐ $300,000 per claim/$900,000 annual aggregate
   ☐ Other: _____

YOUR BPIC ESTIMATE

1. **Desired BPIC Effective Date:** _____ ***(Note: The Program runs on a common renewal date from January 1 to January 1. Any physician that joins the Program after January 1 will have his/her premium prorated based on the policy inception date.)***
2. **For the coverage needed from BPIC, on average, what are your total hours worked per week?** _____
   (Including, but not limited to: hospital, office, home visits, nursing homes, etc.)
3. **Have you been involved in a claim in the last 5 years?** ☐ **Yes** ☐ **No**
4. **Year you graduated medical school (if within the last 3 years)** _____
5. **Do you have any questions/comments?**

**Note: this form is for a premium indication only. An application must be completed and submitted before any coverage may be bound.*
2022 – 8/26/21