

The Physicians Advocate, LLC

your malpractice insurance specialist



**- MALPRACTICE INSURANCE -
JUST GOT MORE AFFORDABLE
- NEW LOWER PREMIUMS-**



As experienced Insurance Brokers- we understand this MARKET BEST!
The Physicians Advocate offers a Host of Malpractice Insurers including Traditional Insurers, Physicians Owned Insurers, Surplus Line Companies and Risk Retention Groups.

The Physicians Advocate will help you Identify the programs which works best for you with creative structuring and the goal of providing the Most Cost Effective and Competitively Priced Professional Liability Policies tailored to your specific needs.

The **HARD MARKET** is over and **GOING BARE** may no longer be the most prudent business decision.

Examples of Current Premiums:

*subject to Underwriting guideline approval

SPECIALTY	COUNTY	PREMIUM FIRST YEAR CLAIMS MADE	MATURE PREMIUMS
General Practice	Saint Lucie	\$3656	\$12,187
Dermatology	Dade/Broward	2711	9,036
Radiology Diagnostic	Martin	4047	13,490
Pediatrics	Duval	2314	7,716
Urology	Broward	6790	22,633

**COMPLETE AND RETURN - ATTACHED QUICK CONSULT FORM FOR
A FREE ESTIMATE OF PREMIUMS FOR YOUR SPECIALTY.**

WE WORK WONDERS FOR YOU!

CALL 954-486-0374
FAX 954-486-0379
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QUICK CONSULT (fax back to 954-486-0379)

Dear Physician:

The medical malpractice insurance marketplace is seeing competition once again. **THE HARD MARKET IS OVER!** The Physicians Advocate represents most of the new and the established insurers doing business in our fair state.

Please provide responses to the few questions below and we'll provide you with a market comparison to give you an idea if there may be a better option available to you than what you might currently have for your malpractice coverage.

Our analysis will be more precise if you can also provide a copy of your Certificate of Insurance

Your Name: _____ Your Email: _____

Your Phone: _____ Your Fax: _____

Your Specialty: _____

(check one) No Surgery _____
Minor Surgery _____
Major surgery _____

Are You Board-Certified in your Practice Specialty? _____ YES NO _____

Your current insurer: _____

Your Policy Period: _____

Your Policy's Retroactive Date: ____ / ____ / ____

Current Limits of Insurance you carry _____ per claim /
_____ annual aggregate

Claims History:

Date	Brief Description	Payment or Reserve
_____	_____	_____
_____	_____	_____
_____	_____	_____