



Bariatric & General Surgeon 'Quick Quote'

Physician Name: _____

Contact Name: _____

Corporation/Practice Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Current Insurance Carrier: _____

Policy Expiration: _____ Current Annual Premium: _____

Retroactive Date: _____ Physician Limits: \$100k/\$300k \$1 Mil/\$3 Mil \$2 Mil/\$4 Mil

Are you a member of the American Society of Metabolic & Bariatric Surgery (ASMBS)? Yes No

Are you a member of the Society of American Gastrointestinal & Endoscopic Surgeons (SAGES)? Yes No

Has any insurer ever canceled, declined to issue or refused to renew your professional liability insurance, or offered insurance only on special terms, or have you been notified of such intent? Yes No

Has any lawsuit and/or judgment ever been filed against you or have you been notified that any lawsuit will be filed against you alleging medical errors or omissions? Yes No

Indicate the percentage of your practice devoted to the following:

General Surgery (%): _____ Bariatric Surgery (%): _____ Other Specialty: _____

Identify the type and quantity of each bariatric surgical procedure performed:

- Adjustable Gastric Banding _____
Laparoscopic Adjustable Gastric Banding _____
Vertical Banded _____
Laparoscopic Vertical Banded Gastroplasty _____
Standard Roux-En-Y Gastric Bypass _____
Long-Limb Roux-En-Y Gastric Bypass _____
Laparoscopic Roux-En-Y Gastric Bypass _____
Revision Surgery _____
Intragastric Balloon _____
Biliopancreatic Diversion _____
Laparoscopic Biliopancreatic Diversion _____
Duodenal Switch _____
Laparoscopic Duodenal Switch _____
Gastric Sleeves and/or Rings _____

Complete the form above and Fax or Email to:
Fax: (949) 429-5304 | Email: info@seaportinsurance.com

27141 Aliso Creek Rd, Suite 230, Aliso Viejo, CA 92656 - Toll Free (888) 891-5900