

5 REASONS WHY 75,000 PHYSICIANS HAVE CHOSEN THE DOCTORS COMPANY AS THEIR MEDICAL MALPRACTICE INSURER

1. SUPERIOR PROTECTION NOW AND IN THE FUTURE

We put the strength of \$4.3 billion in assets to work to defend and protect doctors. And our national perspective and local expertise enable us to anticipate emerging threats and deliver innovative solutions.

2. THE INDUSTRY'S MOST AGGRESSIVE DEFENSE

We relentlessly defend doctors. We have the industry's best legal defense team, and no claim is ever settled without the member's written consent.*

3. TRIBUTE PLAN—AN UNRIVALED FINANCIAL CAREER AWARD

The Tribute® Plan is a groundbreaking benefit that rewards members for their loyalty and their commitment to the practice of good medicine. Since 2007, \$20 million has been distributed in Tribute awards.

4. ENDORSEMENTS BY MEDICINE'S LEADING ORGANIZATIONS

The Doctors Company is the chosen medical malpractice insurer for many leading organizations, including the American College of Physicians, American College of Surgeons, American College of Cardiology, Society of Hospital Medicine, American Association of Neurological Surgeons, American Society of Plastic Surgeons®, and University HealthSystem Consortium.

5. 24/7 SERVICE AND SUPPORT

The Doctors Company provides industry-leading patient safety tools and programs—and our specialists are on call 24/7 for members who experience an adverse event.

BECOME A MEMBER OF THE DOCTORS COMPANY TODAY
FAX BACK THIS FORM TO GET A QUOTE

Tribute Plan projections are not a forecast of future events or a guarantee of future balance amounts. For additional details, see www.thedoctors.com/tribute.

*Where permitted by law.

 **THE DOCTORS COMPANY**

PREFERRED

JOIN YOUR COLLEAGUES—BECOME A MEMBER OF THE DOCTORS COMPANY

**COMPLETE AND
FAX BACK THIS FORM**

Fax to: _____

Fax number: _____

Fax from: _____

Fax number: _____

PREMIUM INDICATION REQUEST FORM

CONTACT INFORMATION:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Preferred method of contact: PHONE E-MAIL FAX

Phone: _____ Best time to call: _____
 AM PM

E-mail: _____

PRACTICE INFORMATION:

County where you practice: _____

Specialty/subspecialty: _____

Number of years in practice: _____

Number of hours per week you practice: _____

Number of physicians in your practice: _____

INSURANCE INFORMATION:

Current insurer: _____

Have you had a claim in the last five years? YES NO

Retroactive date: _____

Current policy expiration: _____

Limits of liability: \$1 million/\$3 million

\$2 million/\$4 million

Other: _____

MEMBERSHIP INFORMATION:

Members of many medical societies qualify for discounts and credits with The Doctors Company. Please list the societies or organizations of which you are a member: _____



 **FAX** _____

 **VISIT** _____

 **CALL** _____