

Request for quote

Practice Property Insurance



MDA Insurance partners with a number of "A" rated carriers who offer outstanding policy provisions, unique coverage options, special MDA group rates, experienced claim staff, and friendly service. We will tailor a policy to cover all your practice property insurance needs.

About your practice	
Your name:	
Practice address (please include city, state and ZIP):	
Federal Employer Identification Number (FEIN):	
Please contact me via: <input type="checkbox"/> Phone _____ <input type="checkbox"/> Email _____ <input type="checkbox"/> FAX: _____	
In what year was the building in which you practice constructed?	
What is the construction type of the building in which you are located (e.g., brick, frame, etc.)?	
List the other occupants in your building:	
List the alarms present in your building (check all that apply): <input type="checkbox"/> Fire <input type="checkbox"/> Smoke <input type="checkbox"/> Burglar <input type="checkbox"/> Sprinkler <input type="checkbox"/> Fire extinguisher	
Total square footage of your office: _____ sq. ft. Total square footage of the building: _____ sq. ft	
Current policy annual premium: \$_____ Expiration Date: _____	
Number of stories in your building: _____ stories Number of employees in your practice: _____ total employees	
Deductible requested: \$_____ (\$500 is standard)	
Coverage needs*	
Business Personal Property (contents):	
Amount needed to replace everything in your office (operator and office equipment, tools, furniture, supplies, improvements and betterments, etc.).	
How much would you need to cover these items?	\$_____
Business Interruption (per day) required:	\$_____ /day
Limit of General Liability coverage required:	\$_____
Building (if owned):	
List the total cost to replace (rebuild) your building	\$_____
Current property insurance carrier:	_____

**If possible, please include a copy of your current policy with this request form*

Email your completed request form to: commins@mdaifg.com