

Medical Malpractice Insurance Application Form

Applicant Information

- Full Legal Name: MS DHONI
- Gender:
 - ☒ Male
 - ☐ Female
 - ☐ Other
- Medical License Number: 789548555
- Primary Medical Specialty:
 - ☒ General Practice
 - ☐ Surgery
 - ☐ Pediatrics
 - ☐ Other
- Current Practice Type:
 - ☐ Solo Practice
 - ☐ Group Practice
 - ☐ Hospital-based
 - ☒ Clinic-based
 - ☐ Other
- Do you perform surgical procedures?
 - ☒ Yes
 - ☐ No
- Have you ever had a medical malpractice claim filed against you?
 - ☒ Yes
 - ☐ No
- Amount Paid (if any): 6400000