MEDICAL PROFESSIONAL LIABILITY INSURANCE APPLICATION

DATE (MM/DD/YYYY)

IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims - made policy.

AGENCY NAME	CARRIER	NAIC CODE
AGENCY ADDRESS	APPLICANT (First Named Insured)	
	SOCIAL SECURITY #	DEA # (IF APPLICABLE)
AGENCY'S STATE LICENSE #: (Required in Nebraska)	US CITIZEN? ☐ YES ☐ NO	DATE OF BIRTH
CONTACT NAME:		
PHONE (A/C, No, Ext):	PRIMARY BUSINESS ADDRESS	PHONE (A/C, No, Ext):
FAX (A/C, No):		
E-MAIL ADDRESS:		
CODE: SUBCODE:		
AGENCY CUSTOMER ID:		
	MAILING ADDRESS	

COVERAGE / LIMITS

☐ CLAIMS MADE ☐ OCCURRENCE

$ AGGREGATE

$ EACH OCCURRENCE

$ OTHER

PROPOSED EFFECTIVE DATE | PROPOSED RETROACTIVE DATE

PROFESSION

☐ PHYSICIAN - PRIMARY PRACTICE: SECONDARY PRACTICE:

☐ SURGEON - SPECIALTY: OTHER:

☐ PHYSICIAN'S ASSISTANT ☐ PERFUSIONIST ☐ NURSE PRACTITIONER

☐ NURSE ANESTHETIST ☐ REGISTERED NURSE ☐ COUNSELOR

☐ SURGEON'S ASSISTANT ☐ LICENSED PRACTICAL NURSE ☐ OTHER (SPECIFY):

☐ PSYCHOLOGIST ☐ OPTOMETRIST

☐ NURSE MIDWIFE ☐ EMERGENCY MEDICAL TECHNICIAN

PERSONAL INFORMATION

TYPE OF CERTIFICATION CURRENTLY HELD

STATES IN WHICH YOU ACTIVELY PRACTICE

STATE	LICENSE #
STATE	LICENSE #
STATE	LICENSE #

EDUCATION (LIST MOST RECENT ATTENDANCE FIRST)

INSTITUTION	DATES OF ATTENDANCE MM/YYYY	DATES OF ATTENDANCE MM/YYYY	DATE GRADUATED (MM/YYYY)	CERTIFICATION OR DEGREE RECEIVED

LIST CONTINUING EDUCATION COURSES AND CREDITS RECEIVED WITHIN THE LAST TWO (2) YEARS (OR ATTACH COPIES OF CERTIFICATES AND/OR CREDITS RECEIVED)

HAS YOUR CERTIFICATION / LICENSE IN ANY STATE EVER BEEN (VOLUNTARILY OR OTHERWISE) SUSPENDED, DENIED, REVOKED, RESTRICTED OR LIMITED IN ANY WAY? IF YES, EXPLAIN.

☐ YES ☐ NO

CURRENT PRACTICE (DESCRIBE GENERAL DUTIES AND EXTENT OF SUPERVISION (IF ANY)

LIST ANY ASSOCIATION / SOCIETY / MEMBERSHIPS RELATED TO YOUR PROFESSION

PRESENT EMPLOYEES AND POSITIONS

LOSS HISTORY

ENTER ALL CLAIMS (REGARDLESS OF FAULT) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY) ☐ CHK HERE IF NONE ☐ SEE ATTACHED LOSS SUMMARY

DATE OF OCCURRENCE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
					☐ OPEN ☐ CLOSED
					☐ OPEN ☐ CLOSED
					☐ OPEN ☐ CLOSED

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AGENCY CUSTOMER ID: _____

PRIOR CARRIER INFORMATION

CATEGORY				
CARRIER				
POLICY NUMBER				
POLICY TYPE	☐ CLAIMS MADE ☐ OCCURRENCE	☐ CLAIMS MADE ☐ OCCURRENCE	☐ CLAIMS MADE ☐ OCCURRENCE	☐ CLAIMS MADE ☐ OCCURRENCE
RETRO DATE				
EFF-EXP DATE	FROM: TO:	FROM: TO:	FROM: TO:	FROM: TO:
GENERAL AGGREGATE				
EACH OCCURRENCE				

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. HAVE YOU EVER BEEN INSURED BY MUTUAL ASSURANCE OR MEDICAL ASSURANCE FOR PROFESSIONAL LIABILITY? (If "YES", list policy # or name of previous employer) POLICY #: PREVIOUS EMPLOYER NAME:	
2. IF PROFESSIONAL LIABILITY COVERAGE IS PROVIDED THROUGH YOUR EMPLOYER, DO YOU MAINTAIN A SEPARATE POLICY FOR PROFESSIONAL LIABILITY? (If "YES", please provide a copy of your Declarations page. A Certificate of Insurance may also be required.)	
3. HAVE YOU EVER BEEN DIAGNOSED WITH OR PROFESSIONALLY ADVISED TO SEEK TREATMENT FOR ALCOHOL / DRUG ABUSE OR ADDICTION, MENTAL ILLNESS OR CHRONIC PHYSICAL ILLNESS?	
4. HAVE ANY FEE OR PROFESSIONAL RELATION COMPLAINTS BEEN REGISTERED AGAINST YOU WITH YOUR PROFESSIONAL ASSOCIATION(S), HOSPITAL(S) OR ANY STATE LICENSING AUTHORITY?	
5. HAVE YOU EVER BEEN CHARGED WITH OR CONVICTED OF A CRIMINAL OFFENSE?	
6. HAS YOUR PROFESSIONAL LIABILITY INSURANCE EVER BEEN CANCELLED, SUSPENDED, NON-RENEWED, DECLINED OR ISSUED ONLY ON SPECIAL TERMS? **(Missouri Applicants - Do not answer this question)**	
7. ARE YOU A SUBSIDIARY OF ANOTHER ENTITY OR DO YOU HAVE ANY SUBSIDIARY?	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: _____

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

THIS APPLICATION IS THE BASIS FOR COVERAGE; THEREFORE, ANY INCORRECT OR INCOMPLETE STATEMENTS OR ANSWERS COULD NULLIFY COVERAGE. COMPLETION OF THIS FORM NEITHER BINDS COVERAGE NOR GUARANTEES THAT A POLICY WILL BE ISSUED. (Not applicable in North Carolina)

I HEREBY REQUEST THAT MY APPLICATION FOR INSURANCE COVERAGE BE SUBMITTED FOR CONSIDERATION TO THE COMPANY SHOWN IN THIS APPLICATION. ACCORDINGLY, I AUTHORIZE AND DIRECT ANY PERSON OR ORGANIZATION WHATSOEVER TO RELEASE AND FURNISH TO THAT COMPANY ANY AND ALL INFORMATION REQUESTED WHICH MAY RELATE TO MY INSURABILITY.

I HEREBY INDICATE THAT THE AFOREMENTIONED STATEMENTS AND ANSWERS ARE CORRECT AND COMPLETE. I FURTHER UNDERSTAND THAT AN INCORRECT OR INCOMPLETE STATEMENT OR ANSWER COULD VOID MY PROTECTION.

I HEREBY CONSENT TO THE REVIEW BY THE COMPANY SHOWN IN THIS APPLICATION OF ANY INCIDENTS OR OCCURRENCES LIKELY TO RESULT IN MALPRACTICE ALLEGATION OR CLAIM. I AGREE TO COOPERATE IN THE REVIEW OF CLAIMS AND INCIDENTS WHICH APPLY TO THE COVERAGE REQUESTED.

WHERE APPLICABLE, I HEREBY CONSENT TO THE REVIEW OF MY APPLICATION BY THE COMMITTEES APPOINTED BY MY COUNTY OR STATE PROFESSIONAL ASSOCIATION / SOCIETY. I AGREE TO COOPERATE WITH THESE COMMITTEES.

☐ Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.
(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) **(Applicant's Initials):** _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER