

# Private Practice/Misc. Medical Professional Liability Insurance Application

## 1. APPLICANT INFORMATION:

- a) Firm Name: \_\_\_\_\_
- b) Owner (s): \_\_\_\_\_  
Please indicate owner's practitioner certification below. Owners must be included in the staff count in the Professional Liability section of this application.  
\_\_\_\_\_
- c) Contact Person: \_\_\_\_\_
- d) Doing Business as: \_\_\_\_\_
- e) Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip) (County)
- f) Are all services provided from this location? .....  Yes  No  
If no, please attach separate sheet with addresses for additional locations.
- g) Phone: \_\_\_\_\_
- h) Email: \_\_\_\_\_
- i) Total Annual Gross Receipts: \_\_\_\_\_  
Total Annual Sales: \_\_\_\_\_
- j) Date Established \_\_\_\_\_
- k) Please provide your firm's web address if applicable:  
\_\_\_\_\_
- l) Type of Firm:  
 Case Management       Clinic       Consulting  
 Counseling       Fitness       Health Education  
 Home Health       Pharmacy       Rehab Services  
 Staffing       Med Spa       Other \_\_\_\_\_
- m) My firm is:  
 Sole Proprietor       Corporation  
 Limited Liability Company       Limited Partnership  
 Trust       Other \_\_\_\_\_
- n) Requested Effective Date of Policy \_\_\_\_\_  
*(Must be within 60 days following application date.)*

## 2. HIRING/SCREENING AND EMPLOYMENT PROCEDURES – Skip to #3 if you do not have any Employees or Independent Contractors

- a) Do you do criminal record background checks for all employees and contractors? .....  Yes  No
- b) Does your business maintain a quality assurance or risk management program? .....  Yes  No

## 3. CLAIMS HISTORY:

- a) Do any of the following apply to you or anyone who provides professional services for your firm:  
 Within the last ten (10) years, received notification of a demand, lawsuit or claim, related to professional services? .....  Yes  No  
 Currently are or have been the subject of any disciplinary or investigative inquiry or proceeding by a governmental or administrative agency responsible for maintaining professional standards? .....  Yes  No  
 Aware of any situation, allegation or incident which may reasonably be expected to result in a demand, lawsuit or claim, or lead to a licensing board investigation or proceeding? .....  Yes  No

## 4. RISK MANAGEMENT AND QUALITY ASSURANCE:

- a) Does your business have all the following procedures in place:  
 Promotion of consistent and proper use of a prescription drug monitoring program, as required by regulations? .....  Yes  No  
 Assistance with identifying potential drug misuse, diversion or excessive prescribing? .....  Yes  No  
 Specify actions to identify and report theft or loss to the DEA and required agencies? .....  Yes  No  
 Prevention of early refills? .....  Yes  No  
 Annual review of the above policies and procedures with staff? .....  Yes  No
- b) Are all x-rays interpreted by a radiologist? .....  Yes  No
- c) Do you perform cosmetic procedures? .....  Yes  No
- d) Do you agree that all of the following procedures are excluded from this policy? .....  Yes  No
- Basti
  - Carboxytherapy
  - Colonics
  - Colon Hydrotherapy
  - Emesis or Purgation
  - Gas Injections, including carboxy & Radon Therapy
  - Liposuction including laser liposuction
  - Sclerotherapy if vein size exceeds 3mm
  - Vamana
  - Stripping
  - Any procedures, treatments or services that are identified as beyond the scope of your state's practice act for that licensed practitioner
  - Silicone Injections
- e) Is IV Hydration/Vitamin Therapy more than more 20% of your services? .....  Yes  No

**5. PROFESSIONAL LIABILITY SECTION**

a) PLEASE INDICATE ALL OWNERS, EMPLOYEES AND INDEPENDENT CONTRACTORS BELOW

Profession	# Full-Time	# Part-Time	Annual Hrs.	Payroll	Profession	# Full-Time	# Part-Time	Annual Hrs.	Payroll
Acupuncture					<b>Nurses:</b>				
Art Therapist					RN				
Athletic Trainer					RN Case Manager				
Audiologist					Home Health Aide				
Case/Care Manager not otherwise healthcare licensed/certified					LPN/LVN				
Certified Lab Tech.					Nurses Aide				
Clinical Lab Tech.					Nursing Asst.				
<b>Counseling Professionals:</b>					Geriatric Nursing Asst.				
Psychotherapist					Aesthetician				
Psychologist					CRNA				
Clinical Counselor					<b>Nurse Practitioners:</b>				
Alcohol/Drug Counselor					Geriatric/Adult/NP/Family Planning NP				
Marriage/Family Counselor					Psychiatric NP				
School Counselor					Pediatric/Family Practice/Neonatal/Acute Care				
Pastoral Counselor					OB/GYN/Acute Care OB				
Bodywork Counselor					Nutritionist				
Genetic Counselor					<b>OT:</b>				
Life Coach Counselor					Occupational Therapist				
Psychological Counselor					Occupational Therapist Assistant				
Licensed Prof. Counselor					Certified Occupational Therapist Assistant				
Vocational Counselor					Personal Trainer				
Counselor Educator					Phlebotomist				
Forensics Counselor					Physical Therapist				
Rehabilitation Counselor					Physical Therapist Assistant				
Mental Health Counselor					Physical Therapy/Case Manager				
Counselor Aide					Radiologic Tech.				
CRNA					Recreation Therapist				
Diagnostic Medical Sonographer					Registered Nurse/Case Manager				
Dietitian					Rehabilitation Assistant				
EEG Tech.					Rehabilitation Therapist				
EKG Tech.					Respiratory Therapist				
<b>EMS:</b>					Respiratory Therapist Tech.				
Paramedic / Instructor					Social Worker/Case Manager				
Basic / Intermediate					Social Worker, Clinical				
Emergency Medical Tech.					Speech Hearing Therapist				
Exercise Physiologist					Speech Language Pathologist				
Health Educator					Sports Medicine Instructor				
Hearing Aide Dispenser					Sports Medicine Therapist				
Kinesiologist / Kinesiotherapist					Surgical Tech.				
Massage Therapist					X-Ray Machine Operator				
Medical Assistant					Other Healthcare Aide				
Medical Esthetician					<b>Other Professions</b>				
Medical Lab Tech.					<b>(List Professions/Job Titles)</b>				
Medical Tech.									
Medical Tech. Assistant					<b>Total</b>				

Coverage is not available for Certified Nurse Anesthetist or Midwives. If you are a RN and NP, you must list your area of practice as a NP.  
For additional professions not listed, please attach a separate sheet.

- b) Are more than 50% of services provided to a nursing home? .....  Yes  No
- c) Do you provide high tech/critical care/trach/vent?.....  Yes  No
- d) Limits of Professional Liability Requested:  \$1,000,000 per claim/\$3,000,000 aggregate  
 Other (specify) \_\_\_\_\_ (May be subject to state specific guidelines)
- e) Do you agree that your business does not provide overnight healthcare services at its own premise/location? .....  Yes  No
- f) Do guardian or power of attorney represent more than 20% of your business?.....  Yes  No

**6. MEDICAL DIRECTOR SECTION**

- a. Do you have a Medical Director? .....  Yes  No
- b. Do you agree that only the following services are covered for a Medical Director? .....  Yes  No
  - Support of the administrative functions that directly impact the medical service of the practice
  - Collaboration with the management team to assure delivery of quality services to all patients

**This policy does not provide direct coverage for physicians.**

**7. ADDITIONAL INSURED REQUESTS**

Do you want to add an Additional Insured? .....  Yes  No  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_

I have answered these questions truthfully, accurately, and completely. I have not withheld any information that would influence the judgment of the Insurance Company. My signing of this application does not bind the Company to complete the insurance. This application will be the basis of the contract should a Certificate of Insurance be issued. I agree that the statements in the application shall be deemed material to the acceptance of the risk assumed by the Insurance Company under the policy and Certificate of Insurance, if issued, and that this application shall be on file with the Company or Program Administrator and shall be deemed to be attached to and made part of the policy and Certificate of Insurance, if issued, as if physically attached thereto. I understand that any misrepresentation in the application will render the Certificate of Insurance, if issued, void from inception and agree that the Insurance Company will not defend or pay any amounts or claim expense for any claim based on, arising out of, or in any way involving such incidents, circumstances or allegations asked about previously in this application, whether disclosed or not.

**FRAUD NOTICE – Where Applicable Under The Law of Your State**

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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties (For District of Columbia residents only: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information, materially related to a claim, was provided by the applicant.) (For Florida residents only: 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.) (For Louisiana residents only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.) (For Maine residents only: 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 or a denial of insurance benefits.) (For Maryland residents only: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.) (For New York residents only: and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.) (For Oklahoma residents only: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.) (For Pennsylvania residents only: 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.) (For Tennessee and Washington residents only: Penalties include imprisonment, fines and denial of insurance benefits.) (For Vermont residents only: 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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to civil fines and criminal penalties.)

Name of Principal or Officer: (please print) \_\_\_\_\_  
 Signature of Principal or Officer: \_\_\_\_\_ Date: \_\_\_\_\_

**Agent/Broker Information:**

Agency Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_