

PUBLIC HEALTH PROFESSIONAL LIABILITY APPLICATION (CLAIMS MADE AND REPORTED COVERAGE)

1) Name of Applicant:

2) Address:

3) Other Location(s):

4) Population Served:

Name of Health Officer:

5) Applicant is:

State County Municipality District Other (Specify):

6) Staff:

	Employed	Contracted
Officers and Directors		
Physicians		
Dentists		
Psychiatrists		
Nurse Practitioners		
Registered Nurses		
Licensed Practical Nurse		
Physician's Assistant		
Sanitarians		
X-Ray Technicians		
Lab Technicians		
Dental Hygienist		
Physical Therapists		
Speech Therapists		
Psychologists		
Social Workers		
Dental Technician		
Clerical		
Other (Specify):		
Total:		

7) If applicant contracts for services to any outside health care staff, do you require evidence of proper license and insurance? Yes No

If yes, explain procedure and limits requirements of contractors:

8) Are there any professionals who volunteer their services? Yes No

If yes, please explain:

9) SERVICES (total should equal 100%)

Laboratory	%	Substance Abuse	%	Children	%
Dental	%	Psychiatric Rehabilitation	%	Abortion	%
Home Health	%	Pre-Natal	%	Jail/Prison Healthcare	%
Geriatric	%	Communicable Disease	%	Family Planning	%
Environmental Health	%				
Other (Specify):					%
Other (Specify):					%

10) Medical Services: (Please explain all YES answers on a separate attachment)

- a. Do you provide surgical procedures? Yes No
- b. Do you provide radiation therapy/chemotherapy treatment? Yes No
- c. Do you administer or provide electric shock therapy? Yes No
- d. Do you dispense methadone? Yes No

If yes, how many patient contacts for the current year:

Estimated for the next 12 Months:

- e. Do you provide angiography/artiography/venography? Yes No
- f. Do you administer anesthesia other than local? Yes No
- g. Do you provide oral/dental surgery? Yes No
- h. Do you operate any other Healthcare Facility such as:

Hospital Nursing Home Shelter Care

Other:

Number of Patient Contacts:

	Last 12 Months	Estimate Next 12 Months
Visits – Clinic		
Immunizations		
Visits – Mental Health		
FCM Program		
WIC Program		
Other:		

11) Environmental Services:

	Last 12 Months	Estimate Next 12 Months
Inspections		
Investigators		
Water Tests		
Permit/License		
Other:		

12) Annual Budget:

	Next 12 Months		Previous 12 Months	
	From	To	From	To
Medical Services	\$		\$	
Environmental Services	\$		\$	
Total:	\$		\$	

13) Current General Liability Coverage:

Carrier:

Limits:

Policy Term:

Do you carry Excess Liability?

Yes No

If yes, Carrier:

Limits:

14) Professional Liability (3 years):

Carrier	Limit	Deductible	Premium	Expiration (MM/DD/YYYY)

What is the current Retroactive Date on your Professional Liability Policy:

15) What Limit and Deductible options are you requesting?

\$1,000,000/\$1,000,000 \$1,000,000/\$3,000,000 Other:
 \$0 \$5,000 \$10,000 Other:

16) Has any applicant for professional Liability insurance made on behalf of the applicant ever been declined or has the insurance ever been cancelled or renewal refused?

Yes No

If yes, give details:

- | | | |
|---|-----|----|
| 17) Has any claim ever been made against the applicant ? | Yes | No |
| If yes, please attach details stating: | | |
| 1) Date the claim was made; | | |
| 2) Date the act giving rise to the claim was committed; | | |
| 3) Name of the claimant; | | |
| 4) Nature of the claim; | | |
| 5) Amount of alleged damages; | | |
| 6) Amount of reserves if claim is open; | | |
| 7) Final disposition (include paid indemnity amounts and expense amounts). | | |
| 18) After inquiry, is the applicant aware of any act, error, omission or circumstance which may possibly result in a claim being made against them? | Yes | No |
| If yes, attach a statement giving full details. | | |
| 19) Has the applicant, ever reported a potential claim circumstance to a professional liability carrier? | Yes | No |
| If yes, attach a statement giving full details. | | |

Fraud Notices

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.

Applicable in all other States: 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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

Other State Notices

Applicable in RI: THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Title:

Date:

If you prefer not to return the questionnaire with an electronic signature, please print and sign.