

1) Name of Applicant:

Dental Hygienist
Physical Therapists
Speech Therapists
Psychologists
Social Workers
Dental Technician

Clerical

Other (Specify):

2) Address:

PUBLIC HEALTH PROFESSIONAL LIABILITY APPLICATION

(CLAIMS MADE AND REPORTED COVERAGE)

3)	Other Location(s):								
4)	Population Se	erved:							
	Name of Hea	Ith Officer:							
5)	Applicant is:								
	State	County	Municipality	District	Other (Specify):				
6)	Staff:	,							
						Employed	Contracted		
	Officers and	Directors							
	Physicians								
	Dentists								
	Psychiatrists	3							
	Nurse Practi	tioners							
	Registered N	Vurses							
	Licensed Pra	actical Nurse							
	Physician's	Assistant							
	Sanitarians								
	X-Ray Tech	nicians							
	Lab Technic	ians							

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Total:

7)	of proper license and insurance?								No			
	If y	es, explain procedure and	limits rec	quirements of contr	actors:							
8)	Are there any professionals who volunteer their services?											
	If y	es, please explain:										
9)	SE	SERVICES (total should equal 100%)										
	La	aboratory	%	Substance Abuse	е	%	Children		%			
	D	ental	%	Psychiatric Reha	bilitation	%	Abortion		%			
	Н	ome Health	%	Pre-Natal		%	Jail/Prison Health	care	%			
		eriatric	%	Communicable D	isease	%	Family Planning		%			
		nvironmental Health	%						0/			
	-	ther (Specify):							%			
	O	ther (Specify):							%0			
10)	Me	dical Services: (Please ex	plain all Y	ES answers on a	separate at	tachmen	t)					
a. Do you provide surgical procedures?								Yes	No			
	b. Do you provide radiation therapy/chemotherapy treatment?											
	C.	Do you administer or pro	vide elect	ric shock therapy?				Yes	No			
	d. Do you dispense methadone?							Yes	No			
		If yes, how many patient	contacts	for the current year	r:							
		Estimated for the next 12	Months:									
	e.	Do you provide angiogra	phy/artiog	raphy/venography	?			Yes	No			
	f.	Do you administer anestl	nesia othe	er than local?				Yes	No			
	g.	Do you provide oral/denta	al surgery	?				Yes	No			
	h.	Do you operate any othe	r Healthca	are Facility such as	s:							
		Hospital	N	ursing Home	Shelter	Care						
		Other:										
		Number of Patient Conta	cts:									
	Last 12 Estima Months 12 M											
Visits – Clinic												
Immunizations												
		Visits – Mental Health										
		FCM Program										
		WIC Program										
		Other:										

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11) Environmental Se	rvices
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	Last 12 Months	Estimate Next 12 Months
Inspections		
Investigators		
Water Tests		
Permit/License		
Other:		

12) Annual Budget:

	Next 12 Months		Pro	evious 12 Months
	From	То	From	То
Medical Services	\$		\$	
Environmental Services	\$		\$	
Total:	\$		\$	

13) Current	General	Liability	Coverage:

0	
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∪a	HIICH.

Limits:

Policy Term:

Do you carry Excess Liability?

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	?
/							,	9	, -

\$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:

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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.

Yes

No

17) Has any claim ever been made against the applicant?

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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.

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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.

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