MEDICAL DIRECTOR'S PROFESSIONAL LIABILITY APPLICATION
(CLAIMS MADE AND REPORTED COVERAGE)

SECTION I – PHYSICIAN'S PERSONAL INFORMATION

1) Full Name of Applicant:

2) Mailing Address:

3) Medical License Number and State of Issuance:
4) Date of Birth:
5) Place of Birth:
6) Medical School & Year of Graduation:
7) Medical Specialty:
8) Sub Specialty:
9) Are you American Board Certified? Yes No

   If yes, in what specialty? Year Certified?

   *Please attach a copy of your Resume or CV.

SECTION II – ENTITY INFORMATION

Provide the following information for every entity for which you provide medical director services and are seeking coverage for those medical director services. **Note:** Entities are not covered by the policy for which you are applying.

10) Name and location of facility where Medical Director Services are performed:

11) Your relationship to this entity:

    Owner/Partner Contractor Employee

    Other:
12) When was this facility established?
13) Type of facility – describe in detail medical services provided:

14) Does this entity have any beds for overnight occupancy? Yes No

    If yes, how many beds is this facility licensed for?
15) What is the total number of outpatient visits and/or tests per year at this facility?

16) Is surgery performed at this facility? Yes No

If yes, how many deliveries per year?

17) Are obstetrics practiced at this facility? Yes No

If yes, how many deliveries per year?

18) What is the estimated revenue of the facility for the next 12 months? $

19) Is this facility currently covered by a Medical Malpractice policy? Yes No

If yes, who is the Medical Malpractice Insurance Carrier?

*Please attach a copy of the Medical Malpractice Declarations Page.

20) State the approximate division of patients at this facility:

Alcoholics/Drug Addicts	%	Pediatric	%
Counseling/Family Planning	%	Psychiatric	%
Dental/Orthodontic	%	Research or Experimental	%
General Public	%	Senile or Aged	%
Hemodialysis	%	Surgical	%
Holistic Medicine/Acupuncture	%	Other:	%
Mentally Retarded	%	Other:	%
Obstetrical	%	TOTAL	100%

21) List the number and type of employees at this facility:

Type of Profession	Number	Type of Profession	Number
Inhalation Therapists		Pharmacists	
Laboratory Technicians		Physicians – minor surgery	
Licensed Practical Nurses		Physicians – no surgery	
Nurse Anesthetists		Registered Nurses	
Nurse Practitioners		Speech Therapists	
Opticians		Social Workers	
Optometrists		Other:	
Perfusionists		Other:	

22) List the number and type of independent contractors who provide professional services at this facility:

23) Are all physicians, whether employed or contracted, required to carry medical malpractice insurance? Yes No

24) Is this facility currently insured under a Commercial General Liability policy? Yes No

If yes, what is the name of the CGL Carrier?

SECTION III – MEDICAL DIRECTOR SERVICES INFORMATION

Note: Policy excludes Medical Malpractice.

25) How many hours per week are dedicated to medical director services only?

26) Do you also provide medical services at this facility? Yes No

If yes, how many hours per week are dedicated to medical services only?

If yes, describe in detail, the medical services you provide:

27) How long have you worked as a medical director at this facility?

28) Describe your duties as medical director:

SECTION IV – PRIOR INSURANCE AND CLAIM INFORMATION

29) Do you currently carry Professional Liability Insurance for your medical director services? Yes No

If yes, complete the following:

Company	Policy Term	Limits of Liability	Retro Date	Premium

30) Has any claim ever been made against you solely as respects your duties as a medical director? Yes No

If yes, complete the Supplemental Claim Information Form for each and every claim.
Also, attach five years of currently valued company loss runs.

31) Are you aware of any circumstances, solely as respects your duties as a medical director, which may result in a claim against you? Yes No

If yes, provide details:

32) Do you currently carry Medical Malpractice Insurance for your medical services? Yes No

If yes, complete the following:

Company	Policy Term	Limits of Liability	Retro Date	Premium

*Attach a copy of your Medical Malpractice Declarations Page.

33) Has any claim ever been made against you for Medical Malpractice? Yes No

34) Do you have a documented peer review process? Yes No

Please attach the following information:

- A minimum of five years of currently valued company loss runs
- CV or resume
- Proof of medical malpractice coverage for applicant
- Proof of medical malpractice coverage for the medical facility
- A copy of the contract between applicant and medical facility

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.