Admiral INSURANCE GROUP | a Berkley Company

MEDICAL TESTING LABORATORY PROFESSIONAL LIABILITY APPLICATION

(CLAIMS MADE AND REPORTED COVERAGE)

1) Full Name of Applicant:

(Include all DBA's and subsidiaries seeking coverage under the policy for which you are applying)

2) Principal Office Mailing Address:

(Attach a schedule of all locations if more than one)

3) Website:

4) List all states in which applicant operates and percentage of work in each state:

5) Does applicant have a location at a hospital or within another medical facility? ◯ Yes ◯ No
If yes, provide details:

6) Applicant is a:

☐ Individual ☐ LLC ☐ Corporation
☐ Partnership ☐ Joint Venture ☐ Other:

7) Date Established (mm/dd/yy):

8) Has the name of the applicant ever changed or has there been any acquisition, consolidation, dissolution, merger or any other change in business organization during the past five (5) years? ◯ Yes ◯ No
If yes, provide full details:

9) During the next twelve (12) months, does the applicant contemplate offering any services not currently offered, or any mergers or acquisitions? ◯ Yes ◯ No
If yes, provide details:

10) Professional Activities and Specialties (describe):

11) State approximate percentage of gross income derived from the following types of tests (total should be 100%):

Alcohol/Drug Testing	%	Hepatitis	%	STD's	%
CT/CAT	%	Histology	%	Sonography	%
Cytology	%	HIV (AIDS)	%	Ultrasound	%
DNA	%	Immunology	%	X-Ray	%
Fertility/Pregnancy/Paternity	%	MRI	%	Other:	%
Hematology	%	Occupational	%	Other:	%
					Total = 100%

12) What is the total number of tests estimated for the next 12 months?

Last 12 months?

13) Specimen collection:

a. Samples collected by you or your employees at your lab site: %

b. Samples collected by others and sent into or delivered to your lab site: %

14) Does applicant (wholly or in part, operate or administer any other type of facility, such as a hospital, nursing home, assisted living facility or other institution where medical services are customarily rendered?
If yes, provide details: Yes No

15) State sources and amounts of **TOTAL GROSS REVENUE / RECEIPTS**

Source of Revenue	Estimated for Next 12 Months	Last 12 Months
Charitable Contributions	$	$
Government Funding	$	$
Fee for Service	$	$
Other:	$	$
TOTAL GROSS REVENUE	$	$

16) Staff:

	Employees	Independent Contractors	Own Med Mal? Y or N
Principals, Partners, Officers, Directors			Y N
Physicians			Y N
LPN/LVN/RN			Y N
Nurse Anesthetist			Y N
Nurses Aides			Y N
Certified Lab Technician/Technologist			Y N
Certified Medical Assistant			Y N
EEG/EKG Technician/Technologist			Y N
X-Ray Technician/Technologist			Y N
Phlebotomist			Y N
Medical Technician/Technologist			Y N
Radiation Therapist			Y N
Inhalation Therapist			Y N
Physician's Assistant			Y N
Social Worker			Y N
Clerical/Administrative			Y N
Other:			Y N
TOTAL STAFF:			Y N

*Please attach copies of declarations pages for all of the above that carry their own insurance.

17) Are all of the above individuals licensed in accordance with all applicable state and federal regulations? Yes No
If no, provide details:

a. Have any of the above individuals had their license/certification revoked/suspended, voluntarily surrendered or cancelled? Yes No
If yes, provide details:

b. Have any of the above individuals been the subject of disciplinary or investigative proceedings or reprimanded by an administrative or governmental agency, hospital or professional association? Yes No
If yes, provide details:

c. Have any of the above individuals been convicted of an act in violation of any law or ordinance other than a traffic accident? Yes No
If yes, provide details:

18) Do you offer any of the following services? If yes, attach a detailed explanation.

a. Therapy or any treatment procedures? Yes No

b. Blood banking or blood storage? Yes No

c. Procurement of blood or its components? Yes No

d. Plasmapheresis procedures? Yes No

e. Medical, genetic or drug research? Yes No

f. Manufacture, testing or dispensing of pharmaceuticals? Yes No

g. Experimental testing or procedures? Yes No

h. Mobile services? Yes No

If yes, what percentage? %

i. Any services at malls/shopping centers, health fairs, etc.? Yes No

j. Intravenous transfusions? Yes No

19) What hours/days a week do you operate?

20) Does applicant utilize a procedural and quality control manual? Yes No

If yes, does applicant make sure that all employees have reviewed these? Yes No

21) Is lab inspected/certified/accredited by any governmental or medical association? Yes No
If yes, which association?

22) Does applicant use a reference lab? Yes No
If yes, please answer the following:

a. What percentage of your tests are sent to reference lab? %

b. Name of reference lab:

c. Does reference lab hold applicant harmless? Yes No

d. Does applicant obtain written proof of insurance with minimum limit of $1,000,000, for reference lab? Yes No

e. Does applicant require reference lab to name them as an additional insured and obtain proof of same? Yes No

23) Does the applicant provide any service under contract? Yes No
If yes, provide details and a copy of contract:

24) Please list Professional Liability coverage for the last five years beginning with the most recent coverage:

Carrier	Limits	Deductible	Premium	Policy Term	Retroactive Date

25) Has any Professional Liability claim or suit been brought against the applicant or any of its employees? ◯ 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.

26) Is the applicant aware of any circumstance which may result in any claim against them or their employees? ◯ Yes ◯ No
If yes, provide full details including names of parties involved, dates and allegations:

27) Has any applicant for Professional Liability Insurance made on behalf of the applicant ever been declined or has their insurance been cancelled or renewal refused? ◯ Yes ◯ No
If yes, provide details:

Please attach the following information:

- C.V. or Resumes on physicians and principals
- Five years of currently valued company loss runs
- Marketing or advertising brochures

RESET SAVE PRINT EMAIL

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.