

PHYSICIANS AND SURGEONS SHORT FORM PROFESSIONAL LIABILITY APPLICATION (CLAIMS MADE AND REPORTED COVERAGE)

SECTION I – PHYSICIAN INFORMATION

- 1) Full Name of Applicant:

- 2) Social Security Number:

- 3) Date of Birth:

- 4) Primary Medical Specialty:

- 5) Subspecialty:

- 6) Board certified? Yes No

- 7) State(s) in which you hold a license to practice medicine:

State	License Number	State	License Number

SECTION II – PHYSICIAN UNDERWRITING INFORMATION

- 8) Check all surgical/medical procedures you perform and enter approximate number of you perform each month where indicated.

Procedure	Procedure
Abdominal Surgery	Fluoroscopic procedures
Abortions	Hemorrhoidectomies
Acupuncture	Herniorrhaphies
Adenoidectomies	Injection of irradiated substances into blood stream for diagnostic purposes (IVP)
Amniocentesis	Laparoscopic Cholecystectomies
ANGIOGRAPHY	Laparoscopic Laser Surgery
Venous	Laparoscopy (Peritoneoscopy)
Arterial	Laser used in therapy
Peripheral Angioplasty	Liposuction
Appendectomies	Lumbar Puncture
Aspirations	Lymphangiography
ASSISTANCE IN MAJOR SURGERY	Myelography
On Own Patients ONLY	Phlebography
On Patients of Others	Neo-natal Intensive Care Visits
Back Surgery	Open Reductions
BARIATRIC SURGERY	Orthopedic Surgery
Cosmetic	PNEUMATIC OR MECHANICAL ESOPHAGEAL DILATION
Medical Necessity	With Bougie or Olive Clip
Breast Implants	Without Bougie or Olive Clip
Cardiac Catheterization	Pre-natal Care past first Trimester
Diagnostic Coronary Angiography	Radiation Therapy

Procedure	Procedure
Left Heart Catheterization	Radiopaque Dye Injection (other than IVP) the Blood Vessels Lymphatics, Sinus Tracts/Fistulae
Permanent Pacemaker	Shock Therapy (ECT/EST)
PTCA (Coronary Angioplasty)	Thoracic Surgery
Cardiac Surgery	Tonsillectomies
Cast (set)	Tubal Ligations
Cholecystectomies	Vascular Surgery
Circumcisions (other than newborn)	Vasectomies
Closed Reduction of Fractures	Venipunctures
Colonoscopies/Sigmoidoscopies	Other Surgeries:
Cryosurgery on Malignant Lesions	
CT SCANNING	
With Dye	
Without Dye	List other Endoscopies:
C-Sections	
Deliveries	
Dilation/Curettage	
Diskography	Administer or Supervise Anesthesia:
EGD	
EKG	
Flexible Sigmoidoscopies	

a. Total number of surgical procedures per year.

b. Total number of non-surgical procedures per year.

9) Average Weekly Patient Load:

10) Average number of hours worked per week:

11) Does your practice include Pain Management?

Yes No

If yes, specify the percentage of your practice derived from Prescription Only Pain Management.

%

12) Does your practice include prescribing of opioids?

Yes No

If yes, provide the following details:

a. Specify the percentage of your practice derived from opioid prescriptions

%

b. Do you full comply with the CDC Guideline for Prescribing Opioids?

Yes No

<https://www.cdc.gov/drugoverdose/prescribing/guideline.html>

c. Does your practice adhere to any and all prescription drug monitoring program (PDMP) requirements in the state(s) where you conduct business?

Yes No

d. Do you also dispense the opioids?

Yes No

13) Has your license to practice medicine or your permit to prescribe drugs, or your hospital staff privileges over been denied, revoked, suspended, placed on probation, subjected to reprimand, voluntarily surrendered or in any other way limited, or has it been or is it currently under investigation?

Yes No

If yes, explain:

- | | |
|---|--------------------|
| <p>14) Has any insurance company ever canceled, declined to issue or refused to renew your professional liability insurance?
If yes, explain:</p> | <p>Yes No</p> |
| | |
| <p>15) Has any claim or suit for alleged malpractice been brought against you?
If yes, how many total claims or incidents?

If yes, complete the Supplemental Claim Information Form for each and every claim.
Also, attach five years of currently valued company loss runs.</p> | <p>Yes No</p> |
| | |
| <p>16) Has any claim or suit for alleged malpractice been made against you that has NOT been reported to a prior insurer?
If yes, complete the Supplemental Claim Information Form for each and every claim.</p> | <p>Yes No</p> |
| | |
| <p>17) Are you aware of any acts, errors, omissions or circumstances which may result in a malpractice claim or suit being made or brought against you?
If yes, provide details including name of claimant, date of occurrence, date of first contact allegation and current status of incident:</p> | <p>Yes No</p> |
| | |
| <p>18) Have you ever been treated or evaluated for alcoholism or drug addiction, psychiatric / psychological treatment or evaluation?
If yes, explain:</p> | <p>Yes No</p> |
| | |
| <p>19) Have you received any major medical / surgical treatment or evaluation for illness or accident?
If yes, explain:</p> | <p>Yes No</p> |

*For each and every claim, click the link to complete the [Supplemental Claim Information Form](#).

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.