PROFESSIONAL LIABILITY APPLICATION FOR MEDICAL DIRECTOR

Instructions: Answer all questions; applicant's name must include the names of all businesses and locations for which coverage is desired; attach a separate sheet if necessary. If an answer is none, state none. If the answer is not applicable, state (N/A). If the space provided is insufficient to fully answer the question, please attach a separate sheet.

Please type or print in ink.

PART I. GENERAL INFORMATION

1. Physician Applicant Name:_____

2. Address:_____

_____

3. Type of organization, service, or facility where applicant provides services as Medical Director:

_____

4. Name of Organization:_____

_____

5. Organization Address:_____

6. Date Established:_____

PART II. EXPOSURES

1. Extent of operations (size) of organization, service, or facility for which these units of exposure are applicable:

   _____ Number of beds:

   _____ Number of Outpatient Visits

   _____ Number of Ambulances

2. Organization/service/facility's annual receipts (or operating budget): $_____

3. **Attach copy of contract between Medical Director & organization and description of the duties and responsibilities of Medical Director, if not included in contract.**

4. Describe any circumstances wherein the applicant in his/her capacity as Medical Director may also be called upon to act within his/her capacity as a "physician" to treat, intervene in the treatment, direct the treatment, or consult in the treatment of any person (patient/client):

_____

_____

_____

5. How often might such circumstances occur?: _____

6. Number of hours per month which applicant provides services as Medical Director:_____

7. Annual remuneration applicant will be paid for services as Medical Director: $_____

8. No. Years as Medical Director: _____

PART III. RISK MANAGEMENT

1. License #:_____ Expiration Date:_____ State:_____
   Years Licensed:_____ Certification:_____

2. Current Practice:_____ (dates from _____ to _____)

3. Specialty: _____ Board Certified? [ ] Yes [ ] No

4. Practice: [ ] Solo Practice [ ] Partnership [ ] Group Practice [ ] Other: _____

5. Medical School:_____ Date Completed:_____
   Degree:_____

6. Internship/Residencies:
   Medical Center:_____ Dates Served: _____ to _____
   Medical Center:_____ Dates Served: _____ to _____

7. Hospital Privileges (hospital name/address & nature of privileges): _____
   _____

8. Medical Malpractice Insurance – **Attach certificate or other verification of current insurance.**

9. Has the applicant:

   a) Ever been the subject of disciplinary or investigatory proceeding or reprimanded by an administrative or governmental agency, hospital, or professional association? [ ] Yes [ ] No

   b) Had any professional license refused, suspended, revoked, renewal refused, or accepted only with special terms or has applicant or any of its employees voluntarily surrendered any professional license? [ ] Yes [ ] No

   c) Been convicted for an act committed in violation of any law or ordinance other than traffic offenses? [ ] Yes [ ] No

If the answer to any of 12 is yes, please attach a detailed explanation.

PART IV. HISTORY

1. List prior **professional liability** insurers for the past five years, starting with the most recent year. If none, state none.

Insurer	Policy number	Limit of liability	Premium	Effective Dates	Claims-made (Y/N)

What is the most recent retroactive date?_____

2, List prior **general liability** insurers for the past five years, starting with the most recent year. If none, state none.

Insurer	Policy number	Limit of liability	Premium	Effective Dates	Claims-made (Y/N)

What is the most recent retroactive date?_____

3. Have any claims been made or occurrences reported during the past six years against any of the proposed insureds or against any entity in which any proposed insured has or has had an interest? [ ] Yes [ ] No

If yes, please describe; indicate status of the claim or suit and any amount(s) paid or reserved (attach an additional sheet if necessary):

_____

_____

_____

_____

4. Does any proposed insured have any knowledge of an event, circumstance, or occurrence (other than any listed in 3 above) prior to the effective date of the proposed policy, or does any proposed insured foresee that a claim may be brought as a result of said event, circumstance, or occurrence? [ ] Yes [ ] No

If yes, describe the event and indicate the reason for anticipation of a claim:_____

_____

_____

I understand and agree this Application and any and all supplements attached hereto may be made a part of any policy issued, and any such policy will be issued in reliance upon the representation made herein. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the Company, result in the voiding of insurance issued in

reliance on this Application and/or denial of claims under any policy issued.

I authorize and consent to investigations of information bearing upon moral character, professional reputation, and fitness to engage in the activities of my business including authorization to every person or entity, public or private, to release to the company providing insurance coverage and MarketScout, any documents, records, or other information bearing upon the foregoing.

I understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law.

Applicant and all owners, employees, and contractors are licensed or duly authorized in all states or jurisdictions where professional services are provided. Applicant warrants the truth of all answers to the above questions, and applicant has not withheld information which is calculated to influence the judgment of the insurance company in considering this application.

Important: This application must be dated and signed by the applicant owner, partner, officer or administrator. Signing this form does NOT bind the company to complete the insurance.

_____

Applicant Signature

_____

Title

_____

Date