

APPLICATION

Medical Malpractice Liability Insurance

Name _____ Social Security No./EIN _____

Office
Address _____

City _____ State _____ Zip Code _____

Professional School _____ Yr. Graduated _____

Address _____

Residency(If Applicable) _____

Address _____

Home Address _____

City _____ State _____ Zip Code _____

Limits of Coverage Requested:

\$100,000/\$300,000 \$250,000/\$750,000 \$500,000/\$1,000,000

Other \$ _____/\$ _____/\$50,000

Field of Medical Practice: _____

How many years have you actively practiced medicine? _____

Do you perform any surgery? ____ Yes ____ No. If yes, please describe types of surgery performed:

How many years have you practiced a specialty? _____

Are you now a defendant in any law suit alleging malpractice? _____. If "Yes", please attach a copy of the summons and complaint for each law suit.

Are you now the subject of a notice of intention to sue or threat to sue from any person? _____. If "Yes", please attach a copy of the notice or threat of action.

How many times have you been sued for malpractice in your career? _____.

How many times have you or your insurance company paid a settlement or a judgment on your behalf for alleged medical malpractice? _____.

When did you last take a refresher course or additional training in your field of practice?

Are you employed by a hospital or exercise your practice solely within a hospital? _____

If the answer above is "Yes;" Please provide name, address and personnel office, contact telephone number:

Are you practicing primarily outside a hospital as an independent practitioner? _____

List the name, address and supervisor's phone number, if applicable for each location where you have practiced your profession since graduation from college: (Attach as a separate schedule).

Do you currently maintain any malpractice insurance? _____. If "Yes", please state the company and limits of coverage.

Please list your premium and coverage limits for the last three years:

<u>Premium</u>	<u>Coverage Limit</u>
_____	_____
_____	_____
_____	_____

Are you self insured? _____. If "Yes", have you established a reserve fund for judgments?

Do you have an escrow account for security requirements under Florida State Licensing Law? _____. If "Yes", please indicate the location of the escrow and the amount.

Do you have a Letter of Credit for security requirements under any State Licensing Law? _____. If "Yes", please attach a listing of the security provided.

Please attach a personal or practice financial statement to this application. You may use any bank form or the form or statement prepared by an accountant.

If this is a renewal, please read and initial the following acknowledgment:

I HEREBY ACKNOWLEDGE THAT BY RENEWING MY COVERAGE WITH THE INSURANCE COMPANY, I GRANT TO THEM THE AUTHORITY TO TRANSFER ANY AND ALL SURPLUS PREMIUM OR OTHER BALANCES FROM THE PREVIOUS COVERAGE YEAR(S) TO THE NEW COVERAGE YEAR(S) PROVIDED IN THE POLICY WHICH MAY BE ISSUED AS A RESULT OF THIS APPLICATION.

(INITIALS)

Signature of Applicant

Printed Name of Applicant

Email Address

Office Telephone Number

Office Fax Number