



PROFESSIONAL LIABILITY NURSES, MEDICAL AND DENTAL TECH. APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Requested Effective Date: _____ Expiration Date: _____

ELIGIBLE PROFESSIONAL DESCRIPTIONS		
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- | | | |
|---|---|---|
| Audiologist <input type="checkbox"/> | Inhalation Therapist <input type="checkbox"/> | Ophthalmic Assistant <input type="checkbox"/> |
| Corrective Therapist <input type="checkbox"/> | Instructor/Teacher <input type="checkbox"/> | Physical Therapist/
Physiotherapist or
Assistant <input type="checkbox"/> |
| Dental Assistant <input type="checkbox"/> | Licensed Practical Nurse <input type="checkbox"/> | Prosthetist <input type="checkbox"/> |
| Day Care Center Nurse <input type="checkbox"/> | Medical Assistant <input type="checkbox"/> | Recreational Therapist <input type="checkbox"/> |
| Dental Hygienist <input type="checkbox"/> | Medical Record Technician <input type="checkbox"/> | Registered Nurse <input type="checkbox"/> |
| Dialysis Technician
(Maximum limit \$100,000) <input type="checkbox"/> | Medical Technologist <input type="checkbox"/> | Respiratory Therapist <input type="checkbox"/> |
| Dietician <input type="checkbox"/> | Nurse Aide <input type="checkbox"/> | Speech Pathologist <input type="checkbox"/> |
| EEG Technician <input type="checkbox"/> | Nurse Assistant <input type="checkbox"/> | School Nurse/Camp Nurse <input type="checkbox"/> |
| EKG Technician <input type="checkbox"/> | Occupational Therapist/
Massage Therapist <input type="checkbox"/> | Ultrasound Technologist <input type="checkbox"/> |

PROFESSIONAL			PERSONAL		MEDICAL PAYMENTS		PREMIUMS
Each Person	Each Occurrence	Aggregate Policy Pd	Each Person	Aggregate Policy Pd	Each Person	Each Accident	Annual
\$1,000,000	\$1,000,000	\$1,000,000	\$100,000	\$100,000	\$1,000	\$10,000	\$150.00
500,000	500,000	500,000	100,000	100,000	1,000	10,000	110.00
300,000	300,000	300,000	100,000	100,000	1,000	10,000	75.00
100,000	100,000	100,000	100,000	100,000	1,000	10,000	65.00
STUDENT APPLICANT							
\$100,000	\$100,000	\$100,000	\$100,000	\$100,000	\$1,000	\$10,000	\$50.00
50,000	50,000	50,000	50,000	50,000	1,000	10,000	45.00

Agent's Name: _____ Agency Code: _____

Agent's Address: _____

PLEASE ENCLOSE TOTAL PAYMENT AND MAIL TO THE AGENT SHOWN ABOVE.

- **Please answer all of the following questions completely.**
- **Coverage is subject to review and approval by the home office underwriting department.**

1. If Applicant is a student, state the date or expected date of graduation and/or accreditation. (Maximum Professional/Personal Limits for Students - \$100,000) _____
2. State your professional license or registration number assigned by state and/or other regulatory body. _____
3. Description of professional duties:

4. Are you working under written or standing doctors orders? Yes No
5. Location of employment:

Doctor's Office	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Clinic	<input type="checkbox"/>	Nursing Home	<input type="checkbox"/>	_____	
Dental Office	<input type="checkbox"/>	Private Home(s)	<input type="checkbox"/>	_____	
6. Number of years in practice: _____
7. Do you supervise any other nurses or health care professionals? Yes No
If yes, describe: _____
8. Are you a proprietor or officer of any medical establishment? Yes No
If yes, describe: _____
9. Are there past or pending professional malpractice or personal liability claims against you?
If yes, describe: _____
10. Has any insurer during the past three years cancelled your coverage? Yes No
If yes, describe: _____

IMPORTANT NOTICE

Refer to Page 3 of 3

This is Part of your application Fraud Statements.

GENERAL STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN COLORADO

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN NEBRASKA, OREGON

Any person who knowingly and with intent to defraud any insurance company or another 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 may subject the person to criminal and civil penalties.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature

Title

Date