professional Liability NURSES, MEDICAL AND DENTAL TECH.

APPLICATION

Name:

Address:

City:       State:       Zip Code:

Requested Effective Date:       Expiration Date:

ELIGIBLE PROFESSIONAL DESCRIPTIONS

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

|  |  |  |  |
| --- | --- | --- | --- |
| PROFESSIONAL | PERSONAL | **MEDICAL PAYMENTS** | PREMIUMS |
| Each Each Aggregate  Person Occurrence Policy Pd | Each Aggregate  Person Policy Pd | Each Each  Person 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 |  |
| Clinic |  |
| Dental Office |  |
| Hospital |  |
| Nursing Home |  |
| Private Home(s) |  |
| Other: |  |

1. Number of years in practice:
2. Do you supervise any other nurses or health care professionals?  Yes  No

If yes, describe:

1. Are you a proprietor or officer of any medical establishment?  Yes  No

If yes, describe:

1. Are there past or pending professional malpractice or personal liability claims against you?

If yes, describe:

1. 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