CapSpecialty
A Community of Insurance Specialists

Capitol Indemnity Corporation
Capitol Specialty Insurance Corporation
Platte River Insurance Company

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 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: Allen Financial Insurance Group Agency Code: _____

Agent's Address: 12424 N. 32nd Street #101 Phoenix, AZ 85032

(602) 992-1570 FAX (480) 452-0593

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	☐	Hospital	☐	Other:	☐
Clinic	☐	Nursing Home	☐	_____	
Dental Office	☐	Private Home(s)	☐	_____	

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