



HEALTH CARE PROFESSIONAL RENEWAL APPLICATION

1. Name and mailing address of insured: _____

Phone: () _____ Fax: () _____ E-mail: _____

2. Agency name and address: _____

Phone: () _____ Fax: () _____ E-mail: _____

3. Birthdate: _____ 4. Social Security #: _____ 5. License # for primary practice state: _____

6. Type of practice (Check all that apply):
- Employee
 - Sole proprietor/Unincorporated
 - Limited liability corporation
 - Independent contractor
 - Professional association
 - Principal in a professional corporation
 - Partnership
 - Other

7. For solo corporations only: Do you wish to include coverage for your professional corporation or professional association on this policy? Yes* No

If yes, name or organization: _____ Tax ID #: _____

*This organization will share the limit of liability of the individual.

Note: If coverage is desired for associations that have professional employees or independent contractors, a separate organization application must be completed.

8. Office: List all locations where you presently work (Mail will be sent to #1 unless otherwise indicated):

Employer/Facility Name	Street	City	County	State	Zip	Total hours worked per week*
#1 _____						
#2 _____						
#3 _____						

*(Includes patient care, hospital rounds, record keeping, administrative duties, teaching, house calls, nursing home visits, utilization review.)

9. Please indicate the applicable percentage of your practice (Total should equal 100%):

___ % MAJOR SURGERY- performing major surgery or assisting in major surgery on patients other than your own.

(Includes, but is not limited to, tonsillectomies, adenoidectomies, obstetrics, liposuction, procedures requiring general anesthesia or pregnancy terminations (___% first trimester termination, ___% second trimester termination)

___ % MINOR SURGERY- performing minor surgery or assisting in major surgery on your own patients. (Includes, but is not limited to, circumcision, cardiac catheterization (but not pacemaker insertion or Swan-Ganz catheters), needle biopsy for lung and prostate, colonoscopy, upper GI endoscopy or laparoscopy.)

___ % NO SURGERY- medical practice which may include incising of boils and abscesses, removal of superficial skin lesions, suturing minor lacerations.

PODIATRISTS:

___ % incision below the subcutaneous layer for the correction of deformity or disease. (Includes, but is not limited to, surgery on ligaments, tendons and bones.) Included in this definition is the removal of lesions which lie below the subcutaneous layer- such as ganglion and neuroma of thoracic, vascular, cardiovascular, or plastic surgery.

___ % surgery on nails and tissue surrounding the nail, excision of skin lesions, which do not lie below the subcutaneous layer.

10. Specialty you currently practice: _____

11. Indicate professional liability limits desired*:

- (PA only) Primary limits as directed by CAT Fund
- \$1,000,000/3,000,000
- \$2,000,000/4,000,000
- \$2,000,000/6,000,000 (VA only)
- \$3,000,000/5,000,000
- \$4,000,000/6,000,000
- \$5,000,000/7,000,000
- \$6,000,000/8,000,000

*For higher limits, refer to company.

13. Do you have a position for which no coverage is required, or for which you are insured with another carrier? Yes No
If yes, indicate activity, entity and location to be excluded and indicate hours worked at this position only: _____
-
14. Do you provide any services over the internet? Yes No
If yes, please explain: _____
-
15. Has anyone ever brought a claim against you regardless of whether the claim was dismissed or a judgement was rendered? Yes No
16. Do you know of any circumstance, act, error or omission that could possibly result in a professional liability claim against you? Yes No
17. Are you in military service or employed full-time by the federal government? Yes No
18. Has any health care facility ever denied, restricted, suspended, revoked privileges or has probation been invoked? Yes No
19. Has your professional license ever been denied, suspended, revoked or voluntarily surrendered or has probation been invoked? Yes No
20. Are you currently being treated for a psychiatric condition, alcoholism or substance abuse? Yes No
21. Have you ever been charged with a criminal offense or are you currently under investigation for a criminal act? Yes No
22. Has your professional liability coverage ever been cancelled, restricted, non-renewed, or have you withdrawn an application for insurance to avoid declination? Yes No
23. Has a complaint against you ever been submitted to the Board of Medical Examiners or are you currently under investigation by any regulatory authority? Yes No

(If you answered yes to any of the questions 15 through 23, please explain on a separate sheet, and provide full documentation from any agency involved.)

This section must be signed by all insureds:

All of the above information is true to the best of my knowledge and belief. It is agreed that this application shall be the basis of a contract for a policy issued by Princeton Insurance Company. I authorize the release and exchange of any underwriting or claims information between all prior carriers and the Princeton Insurance Company.

Signature of Insured _____ Date _____

Princeton Insurance reserves the right to reject any application that does not meet its underwriting standards.

NOTICE TO PENNSYLVANIA AND NEW JERSEY APPLICANTS:

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS:

Any person who knowingly and with the intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the state value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS:

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

NOTICE TO VIRGINIA APPLICANTS:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.