



Physicians Supplemental Application

Instructions: Please complete the entire form. If a section does not apply answer N/A or NONE. Information provided by you will be used by underwriters in determining the acceptability of adding you to the Clinic/Center's professional liability insurance coverage, when requested by the named insured.

1. Your Name _____ Clinic/Center Name _____

2. Medical Specialty _____ License Number/State _____

3. Are you Board Certified Yes [] No [] If no, are you board eligible? Yes [] No []

4. What is your working relationship with the Clinic/Center? Employee [] Contractor [] Volunteer []

5. Hours per week you work on behalf of the Clinic/Center? _____

6. Do you practice medicine outside of your work for this Clinic/Center? Yes [] No []

7. List the responsibilities/duties you perform for the Clinic/Center (please be specific):

8. Do you perform any of the following procedures or services on behalf of the Clinic/Center?

Table with 2 columns: YES, NO. Rows include: a) OB/GYN Services, b) Physical Exams, c) Birthing/Delivery, d) Addiction Treatment, e) General Anesthesia, f) PAP Smears, g) Invasive Diagnostic Tests, h) Prescribe Medicines, i) Surgery, j) HIV/AIDS Treatment.

PLEASE PROVIDE AN EXPLANATION OF ANY "YES" ANSWERS TO THE FOLLOWING QUESTIONS ON A SEPARATE PAGE.

9. Have you ever had a malpractice claim or suit filed against you? Yes [] No []

10. Has your medical license ever been revoked, suspended, restricted or placed on probation? Yes [] No []

11. Have you ever been the subject of an investigation, disciplinary proceeding, or reprimand? Yes [] No []

12. Have you ever been convicted of a crime or felony? Yes [] No []

13. Provide your current in-force malpractice insurance (if none exists, please indicate "none")

a) Insurance Company Name _____ Expiration Date _____

b) Limits of Liability \$ _____ Retro Date _____

c) Does your current malpractice policy cover you for acts at the Clinic/Center? Yes [] No []

Physician's Signature _____ Date _____

Note: By signing and dating the above, you are warranting the answers above are true and accurate to the best of your knowledge.