



# PHYSICIANS AND SURGEONS RENEWAL APPLICATION

**Required documents, in addition to this application:**

- Loss runs for the last five (5) years (valued within 90 days of policy effective date)

## GENERAL INFORMATION

<b>Applicant Name:</b>				
	First Name	Middle Name	Last Name	Designation

<b>DBA/Business name (if applicable):</b>	
<b>Home Address:</b>	
<b>Principal Office Address:</b>	
<b>Preferred Mailing Address:</b>	

Medical License Number(s)			
State	License Number	Expiration Date	% of Practice

*If additional space is needed, please provide information via separate attachment*

<b>DEA Registration Number:</b>	
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## APPLICANT AND PRACTICE INFORMATION

**In the last twelve (12) months:**

<b>1. Have there been any changes to your board certification status?</b>	Yes	No
<b>2. Have there been any changes to your medical or surgical specialty?</b>	Yes	No
<b>3. Have there been any changes to your subspecialty?</b>	Yes	No
<b>4. Have you changed whether you limit your practice to such specialties?</b>	Yes	No

*If Yes to any of Q.1. through Q.4. above, please provide details in the space below:*

<b>5. Do you anticipate any changes in your practice in the next 12 months?</b>	Yes	No
If yes, provide details:		

<b>6. Have there been any changes to practice locations?</b>	Yes	No
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*If yes, please complete Q.7 (and Q.8. as needed). If no, please skip to Q.9.*

<b>7. Primary practice location</b>			<b>N/A</b>
a. Entity or Facility Name:			
b. Entity/Facility address:			
c. Interest (owner, partner, employee, independent contractor):			
d. Employment Date:		e. Ownership % if (applicable)	%
f. Are you seeking coverage for your services at this facility?	Yes	No	
g. Are you seeking coverage for the entity or facility?	Yes	No	
If yes to the above, what is the number of weekly patient encounters for all staff?			

*For any "No" answers to f. or g., please provide evidence that coverage is in place elsewhere*

<b>8. Additional practice location 2</b>			<b>N/A</b>
a. Entity or Facility Name:			
b. Entity/Facility address:			
c. Interest (owner, partner, employee, independent contractor):			
d. Employment Date:		e. Ownership % if (applicable)	%
f. Are you seeking coverage for your services at this facility?	Yes	No	
g. Are you seeking coverage for the entity or facility?	Yes	No	
If yes to the above, what is the number of weekly patient encounters for all staff?			

*For any "No" answers to f. or g., please provide evidence that coverage is in place elsewhere*

<b>9. For the practice location(s) for which you are seeking coverage, please provide:</b>	
a. The approximate hours worked per week:	
b. The number of weekly non-surgical patient encounters seen <b>by you</b> :	
c. The number of weekly surgeries performed <b>by you</b> :	

<b>10. Have there been any changes to your hospital privileges?</b>	Yes	No
a. If yes, provide details:		

<b>11. Have there been any changes in staff?</b>	Yes	No
If yes, please provide details:		

<b>In the last twelve (12) months:</b>			
<b>12. Have there been any changes to the procedures you perform?</b>		Yes	No
<b>13. If your practice includes prescribing opioids, have there been any changes?</b> Check N/A if this does not apply.	N/A	Yes	No
<b>14. If your practice includes pain management, have there been any changes?</b> Check N/A if this does not apply.	N/A	Yes	No
<b>15. If your practice includes weight management, have there been any changes?</b> Check N/A if this does not apply.	N/A	Yes	No
<i>If Yes to any of Q.12.through 15. above, please provide details in the space below:</i>			



**LOSS HISTORY**

<b>In the last twelve (12) months has the applicant or any other person proposed for this insurance:</b>		
<b>16.</b> Been the subject of an investigative or disciplinary proceeding or been reprimanded by a governmental or administrative agency, hospital or professional association?	Yes	No
<b>17.</b> Had any state professional license or license to prescribe or dispense narcotics refused, suspended, revoked, renewal refused or accepted only on special terms, or ever voluntarily surrendered such license?	Yes	No
<b>18.</b> Been convicted for an act committed in violation of any law or ordinance, other than traffic offenses?	Yes	No
<b>19.</b> Been treated for or required to be evaluated for alcoholism or drug addiction or undergone personal psychiatric treatment?	Yes	No

***If Yes to any of Q.16-19, please provide complete details in the Supplemental Information Section***

<b>20.</b> Is the applicant or any other person proposed for this insurance aware of any known losses, claims or suits that have not yet been reported? <b>If "Yes", please complete supplemental claim/incident form for each.</b>	Yes	No
<b>21.</b> Is the applicant or any other person proposed for this insurance aware of any act, error, omission, fact, circumstance, or records request from a patient or their attorney which may result in a claim? <b>If "Yes", please complete supplemental claim/incident form for each.</b>	Yes	No

**SUPPLEMENTAL INFORMATION**

Please use this section to provide additional details for Questions 16-21, or for any other questions requiring additional space for answers.

**FRAUD WARNING**

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**NOTICE TO CALIFORNIA INSURED:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or



to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO COLORADO APPLICANTS:** 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 policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE 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 may include imprisonment, fines, or denial of insurance benefits.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** 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 deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: 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.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 civil penalties.

**NOTICE TO TENNESSEE 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.

**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.



HAMILTON

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

**Applicant Signature** \_\_\_\_\_

(Must be signed by an owner, principal, partner or officer)

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_