NAS insurance
16501 VENTURA BLVD. SUITE 200 ENCINO, CA 91436
Lic. #0677191 · NASinsurance.com

RENEWAL APPLICATION for: **Miscellaneous Medical Malpractice Insurance**

Claims Made Basis. Underwritten by Underwriters at Lloyd's, London

1. Name of Applicant: _____

2. Mailing Address: _____ Phone: _____

   City: _____ County: _____ State: _____ Zip: _____

   No. of Locations: _____ **(If multiple names and locations, please attach list.)**

3. a) Date Established: _____ Corporation ☐ Partnership ☐ Professional Assoc. ☐ Individual ☐
   For Profit ☐ Not for Profit ☐

   b) In what states is the entity registered and licensed to practice? _____

4. a) Is the entity engaged in, owned by, associated with, or controlled by any other business? ☐ Yes ☐ No
   b) Is the entity owned by any physician? ☐ Yes ☐ No
   c) Is the entity owned by any hospital, or are any services hospital based? ☐ Yes ☐ No
   d) Have there been any changes in ownership of the business since the date the entity was established? ☐ Yes ☐ No

   If "Yes" to any of the above, please give details:

   _____

   _____

   _____

5. Professional Activities and Specialty: **(Attach narrative description, if necessary.)**

   Check all that apply:

   ☐ Acupuncturist/Naturopathic Medicine
   ☐ Alcohol/Drug/Psychiatric Rehabilitation
   ☐ Ambulance Services
   ☐ Ambulatory Surgery Center
   ☐ Diagnostic Imaging
   ☐ Dialysis Center
   ☐ Health/Fitness Center
   ☐ Home Healthcare Agency
   ☐ Hospice
   ☐ Medical Testing/Laboratory
   ☐ Nurse Registry
   ☐ Optometry
   ☐ Out-Patient Medical Clinic
   ☐ Out-Patient Mental Health Clinic
   ☐ Pharmacy
   ☐ Residential Facility
   ☐ Speech Therapy
   ☐ Other (Specify): _____

6. State approximate division of entity's patients among:

a)	Alcoholics	(%)		k)	Obstetrical	(%)	
b)	Counseling/Family Planning	(%)		l)	Pediatric	(%)	
c)	Communicable	(%)		m)	Prisoners	(%)	
d)	Dental	(%)		n)	Psychiatric	(%)	
e)	Drug Addicts	(%)		o)	Research or Experimental	(%)	
f)	General	(%)		p)	Senile or Aged	(%)	
g)	Hemodialysis	(%)		q)	Stress Testing	(%)	
h)	Holistic Medicine	(%)		r)	Surgical	(%)	
i)	Medical	(%)		s)	Tubercular	(%)	
j)	Mentally Retarded	(%)		t)	Other: _____	(%)	

7. a. List the number and type of entity's employees and volunteers below: If "None," state None. _____

Number	Type of Profession		Number	Type of Profession
i) _____	Acupuncturist	xiv)	_____	Optometrists
ii) _____	Counselors	xv)	_____	Paramedics
iii) _____	EMT's	xvi)	_____	Perfusionists
iv) _____	Home Health Aides	xvii)	_____	Pharmacists
v) _____	Inhalation Therapists	xviii)	_____	Physician Assistants
vi) _____	Laboratory Technicians	xix)	_____	Physicians – Minor Surgery
vii) _____	Massage Therapists	xx)	_____	Physicians – No Surgery
viii) _____	Medical Directors	xxi)	_____	Physiotherapists
ix) _____	Nurse Anesthetists	xxii)	_____	Psychologist
x) _____	Nurses, Licensed Practical	xxiii)	_____	Social Workers
xi) _____	Nurse Practitioner	xxiv)	_____	Speech Therapists
xii) _____	Nurses, Registered	xxv)	_____	Other: _____
xiii) _____	Opticians			

b. List the number and type of independent contractors who provide professional services on behalf of the entity. Use a separate sheet, if necessary. If "None," state None. _____

_____

_____

_____

c. Are all of the individuals listed in questions 7.a. and 7.b. licensed in accordance with applicable state and federal regulations? ☐ Yes ☐ No
If "No," attach explanation.

d. Are all employed/contracted physicians board certified in their specialty? ☐ Yes ☐ No
(Attach detailed explanation for any "Yes" answers to the following)

e. 1) Are criminal background checks conducted on all employees? ☐ Yes ☐ No
If "No," attach explanation.

2) Does the entity conduct pre-employment screenings and any other necessary investigations prior to hiring all staff? ☐ Yes ☐ No

f. Has the Applicant or any of the individuals listed in questions 7.a. and 7.b:

i) Ever been the subject of disciplinary or investigative proceedings or reprimand by a governmental or administrative agency, hospital or professional association? ☐ Yes ☐ No

ii) Ever been convicted of an act committed in violation of any law or ordinance other than traffic offenses? ☐ Yes ☐ No

iii) Ever been treated for alcoholism or drug addiction? ☐ Yes ☐ No

iv) Ever 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 same? ☐ Yes ☐ No

8. a) Is there a written/formalized risk management/quality assurance program? ☐ Yes ☐ No

b) Does the entity have a written credentialing process for employees and staff? ☐ Yes ☐ No

c) Does the entity have written procedures for reporting all incidents? ☐ Yes ☐ No

If "No" to any of the above, attach explanation.

9. State approximate division of services being provided among the following settings:

a) Assisted Living Facilities	(%)	e) Nursing Homes	(%)
b) Clinics	(%)	f) Physician Offices	(%)
c) Emergency Rooms	(%)	g) Private Homes	(%)
d) Hospitals	(%)	h) Other: _____	(%)

10. a) State sources and amounts of total revenue:

Source	Amount Last Policy Year	Est. Amount This Policy Year
1. Charitable Contributions:	$ _____	$ _____
2. Government Funding:	$ _____	$ _____
3. Fee for Services:	$ _____	$ _____
4. Other: _____	$ _____	$ _____
5. Other: _____	$ _____	$ _____
TOTAL GROSS REVENUE	**$** 0.00	**$** 0.00

b) For PHARMACIES, state sources and amounts of total revenue:

Source	Amount Last Policy Year	Est. Amount This Policy Year
1. Prescription Sales:	$ _____	$ _____
2. Non-Prescription Sales:	$ _____	$ _____
3. Other: _____	$ _____	$ _____

c) Are all drugs dispensed approved by the FDA? ☐ Yes ☐ No
If "No," attach explanation.

11. Number of estimated patient encounters and patient tests in the next 12 months:
(Note: "patient encounters" refers to number of visits – not number of patients.)

Patient encounters: _____

Patient Tests: _____

12. **Please answer this question if the entity <u>currently has</u> Miscellaneous Medical Professional/ General Liability through NAS Insurance Services, LLC.**
Has the entity notified NAS Insurance Services of all litigation, administrative proceedings, demand letters, formal or informal governmental investigations or inquiries which have occurred in the past 12 months?
☐ Yes ☐ No ☐ None to Report

If "Yes," please indicate number of events in the last 12 months: _____
If "No," please forward notice to NAS Insurance Services, LLC, on behalf of Underwriters, immediately.

FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISION.

The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this Application will be attached and become a part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.

It is warranted that the particulars and statements contained in the Application for the proposed Policy and any materials submitted herewith (which shall be retained on file by Underwriters and which shall be deemed attached hereto, as if physically attached hereto), are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.

It is agreed that in the event there is any material change in the answers to the questions contained herein proper to the effective date of the Policy, the Applicant will notify Underwriters and, at the sole discretion of Underwriters, any outstanding quotations may be modified or withdrawn.

For purposes of creating a binding contract of insurance by the Application or in determining the rights and obligations under such a contract in any court of law, the parties acknowledge that a signature reproduced by either facsimile or photocopy shall be the same force and effect as an original signature and that the original and any such copies shall be deemed one and the same document.

For Kentucky residents:
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.

Name of Applicant: _____
Please print Title Date

Signature: _____
Name Date

AR1857M-0712