

7. State approximate division of Applicant's patients among:

- | | | | | | |
|-------------------------------|---|----|-----------------------------|---|----|
| a) Alcoholics | (| %) | k) Obstetrical | (| %) |
| b) Counseling/Family Planning | (| %) | l) Pediatric | (| %) |
| c) Communicable Disease | (| %) | 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: _____ | (| %) |

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

Number Type of Profession

- | | | | |
|-------------|---------------------------|---------------|---------------------|
| i) _____ | Acupuncturist | xv) _____ | Opticians |
| ii) _____ | Counselor | xvi) _____ | Optometrist |
| iii) _____ | Chiropractor | xvii) _____ | Paramedics |
| iv) _____ | Dentist | xviii) _____ | Perfusionist |
| v) _____ | Dental Assistant | xix) _____ | Pharmacist |
| vi) _____ | EMT | xx) _____ | Pharmacist Tech |
| vii) _____ | Home Health Aide | xxi) _____ | Physician Assistant |
| viii) _____ | Inhalation Therapist | xxii) _____ | Physician/Surgeon |
| ix) _____ | Laboratory Technician | xxiii) _____ | Physiotherapist |
| x) _____ | Licensed Practical, Nurse | xxiv) _____ | Psychologist |
| xi) _____ | Massage Therapist | xxv) _____ | Registered Nurse |
| xii) _____ | Medical Director | xxvi) _____ | Social Worker |
| xiii) _____ | Nurse Anesthetist | xxvii) _____ | Speech Therapist |
| xiv) _____ | Nurse Practitioner | xxviii) _____ | Other: _____ |

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

- c. Are all of the individuals listed in questions 8.a. and 8.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 N/A
- e. Do all employed/contracted physicians carry their own Med Mal coverage with limits of at least \$1million/\$3million? Yes No N/A
If "No", attach explanation.

- f. 1) Are criminal background checks conducted on all employees, volunteers and independent contractors? Yes No
If "No", attach explanation.
- 2) Does the Applicant conduct pre-employment screenings and background investigations prior to hiring all employees, volunteers and independent contractors? Yes No
If "No", attach explanation.
- g. Has the Applicant or any of the individuals listed in questions 8.a. and 8.b:
- i) Ever been the subject of disciplinary or investigative proceedings or been reprimanded 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, non-renewed or accepted only on special terms, or ever voluntarily surrendered same? Yes No
- If "Yes", to any of the above, attach explanation.**
9. a) Does the Applicant have a written/formalized risk management/quality assurance program? Yes No
- b) Does the Applicant have a written credentialing process for employees and all staff? Yes No
- c) Does the Applicant have written procedures for reporting all incidents? Yes No

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

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

- | | |
|--|---------------------------------|
| a) Assisted Living Facilities (%) | e) Nursing Homes (%) |
| b) Clinics (%) | f) Physician Offices (%) |
| c) ER/ ICO/Labor: Delivery (%) | g) Private Homes (%) |
| d) Hospitals (%) | h) Other: _____ (%) |

11. a) State sources and amounts of the Applicant's total revenue:

<u>Source</u>	<u>Amount Last Policy Year</u>	<u>Est. Amount This Policy Year</u>
1. Charitable Contributions:	\$ _____	\$ _____
2. Government Funding:	\$ _____	\$ _____
3. Fee for Services:	\$ _____	\$ _____
4. Products Sales: (attach a list of products)	\$ _____	\$ _____
5. Other: _____	\$ _____	\$ _____
TOTAL GROSS REVENUE	\$ _____	\$ _____

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

<u>Source</u>	<u>Amount Last Policy Year</u>	<u>Est. Amount This Policy Year</u>
1. Prescription Sales:	\$ _____	\$ _____
2. Non-Prescription Sales:	\$ _____	\$ _____
3. Other: _____	\$ _____	\$ _____

- c) Are all drugs dispensed by the Applicant approved by the FDA? Yes No

If “No”, attach explanation.

12. 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: _____

13. Has the Applicant 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 A 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 PRISON.

The undersigned declares that 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 to 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 prior 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

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