

4. **Applicant is:**

- | | | | |
|-------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> HMO (If so, please indicate: | <input type="checkbox"/> Staff Model | <input type="checkbox"/> Network or IPA Model | <input type="checkbox"/> Combined [both] |
| <input type="checkbox"/> PPO | <input type="checkbox"/> PHO | <input type="checkbox"/> IPA | <input type="checkbox"/> Medical Group or Clinic |
| <input type="checkbox"/> Third Party Administrator | <input type="checkbox"/> Utilization Review Organization | | <input type="checkbox"/> Peer Review Organization |
| <input type="checkbox"/> Other (describe): _____ | | | |

5. REVENUES:

Last 12 Months

Next 12 Months (est.)

- | | | |
|----------------------------------------------------------------------------------------------------|-------|-------|
| a) Total Gross Revenues: | _____ | _____ |
| If this revenue number does not match that in the attached audited financials, please explain why. | | |
| b) Total Gross Revenues from ASO/TPA business: | _____ | _____ |
| c) Percent of Gross Revenues from "at risk" agreements: | _____ | _____ |
| (Note: wherever used, "at risk" means capitation, withhold or bonus.) | | |

6. ENROLLMENT:

Total number of enrollees:

*(Note: wherever used, "enrollees" means covered lives not just covered employees and not member months.)
If enrollees are in more than one state, provide breakdown by state on a separate attachment.*

Breakdown of enrollees by type:

(Note: total of enrollees by type below should equal total above)

- | | | |
|----------------------------------------------------------------------------------------------------|-------|-------|
| a. ASO/TPA enrollees | _____ | _____ |
| <i>(include enrollees managed as HMO, PPO, etc. but for whom the Applicant is not taking risk)</i> | | |
| b. HMO enrollees | _____ | _____ |
| c. PPO enrollees | _____ | _____ |
| d. PSO enrollees | _____ | _____ |
| e. Indemnity enrollees | _____ | _____ |
| f. Medicare enrollees | _____ | _____ |
| g. Medicaid enrollees | _____ | _____ |
| h. Other enrollees (please describe) | _____ | _____ |

7. ACTIVITIES OR SERVICES:

Are there any managed care activities or services (i.e. credentialing, utilization review, drafting practice guidelines, case management, disease management, application and enrollment processing for enrollees of health care plans, handling and adjusting of enrollees' health care benefit claims, etc.) which the Applicant performs or subcontracts now or intends to begin performing or subcontracting within the next 12 months which it did not perform or subcontract in the last 12 months? (Note: not all services may be covered)

- No
- Yes If yes, please describe: _____
- _____
- _____
- _____

PART II. REPRESENTATION APPLICABLE TO INCREASED LIMITS REQUEST

8. If the **Applicant** requests limit(s) of liability for the renewal of its expiring policy with the Underwriter that are larger than the limit(s) of such expiring policy, the **Applicant** must complete the following statement, which applies to such larger limit(s) of liability.

Neither the **Applicant** nor any individual or entity proposed for coverage, is aware of any fact, circumstance, situation, transaction, event, act, error, or omission which they have reason to believe may or could reasonably be foreseen to result in a claim that may fall within the scope of the proposed larger limits of liability, except as follows. If the answer is none, so state:

NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS AND REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM ARISING FROM ANY FACT, CIRCUMSTANCE, SITUATION, TRANSACTION, EVENT, ACT, ERROR, OR OMISSION REQUIRED TO BE DISCLOSED IN QUESTION 29 IS EXCLUDED FROM THE PROPOSED LARGER LIMITS OF LIABILITY.

PART III. ATTACHMENTS

9. Please attach copies of the following documents to this Application. These documents shall be a part of this Application:
- a) **Applicant's** last 2 audited or accountant-prepared financial statements with notes; and
 - b) Current loss run from prior carrier if there were any open claims at the last renewal.

PART IV. SIGNATURES

The undersigned, as authorized agent of all individuals and entities proposed for this insurance, declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Renewal Application and any attachments or information submitted with this Renewal Application (together referred to as the "Renewal Application") are true and complete. The information in the Renewal Application is material to the risk, if accepted by the Underwriter. The Renewal Application is a supplement to the application(s) which are part of the expiring policy, and together with such application(s), will constitute the complete application for renewal and will become part of, and be considered physically attached to, any policy issued. Such applications are the basis of the policy, if issued, and the Underwriter will have relied upon these applications in issuing any renewal policy.

The information contained in and submitted with this Renewal Application is on file with the Underwriter, and along with the Renewal Application will be considered physically attached to, part of, and incorporated into the policy, if issued.

The Underwriter is authorized to make any inquiry in connection with this Renewal Application. The Underwriter's acceptance of this Renewal Application or the making of any subsequent inquiry does not bind the **Applicant** or the Underwriter to complete the insurance or issue a policy.

If the information in this Renewal Application materially changes prior to the effective date of the policy, the **Applicant** will immediately notify the Underwriter, and the Underwriter may modify or withdraw any quotation or agreement to bind insurance.

The undersigned declares that all individuals and entities proposed for this insurance understand:

- a) the policy, if issued, shall apply only to "Claims" that are first made against the "Insured" during the "Policy Period" and are reported to the Underwriter in writing during the "Policy Period" or within the time period set forth in the policy or to "Claims" that are first made against the "Insured" during the Extended Reporting Period, if applicable and reported to the Underwriter in writing during the Extended Reporting Period or within the time period set forth in the policy; and
- b. the limit of liability available under the policy, if issued, to pay damages, settlements, or judgments shall be reduced and may be exhausted by payment of "Defense Expenses," and "Defense Expenses" also shall be applied against the retention.

NOTICE TO ARKANSAS, MINNESOTA, AND 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, which is a crime.

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 policy holder or claimant with regard to a settlement or award payable from 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 employer or employee, insurance company, or self-insured program, files a statement of claim or an application containing any false or misleading information is guilty of a felony of the third degree.

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 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 AND 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 MAINE, TENNESSEE, VIRGINIA AND WASHINGTON 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 a denial of insurance benefits.

NOTICE TO MARYLAND 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 may be guilty of insurance fraud.

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 YORK 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OKLAHOMA APPLICANTS: 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 OREGON AND TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

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 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.

APPLICANT		
BY (<i>Chairman and/or President</i>)	TITLE	DATE

NOTE: This Renewal Application must be signed by the Chairman and/or President of the **Applicant** acting as the authorized agent of all individuals and entities proposed for this insurance.