

**Please include the following with this application:**

1. Current curriculum vitae
2. Copy of professional liability declarations page, if applicable (see Section II, question 4)

**Unanswered questions or missing documentation may result in delayed processing of the application.**

**SECTION I – APPLICANT INFORMATION**

1. **Name:** \_\_\_\_\_  
First middle last
2. **DOB:** \_\_\_\_\_ 3.  **Male**  **Female**  
mo/day/yr
4. **Phone number:** \_\_\_\_\_  
(area code) + number
5. **Home address:** \_\_\_\_\_  
Street City State Zip code
6. **License Number:** \_\_\_\_\_ 7. **Email:** \_\_\_\_\_

**SECTION II – PRACTICE INFORMATION**

1. **Effective Date:** \_\_\_\_\_ 2. **Number of hours worked per week:** \_\_\_\_\_
3. **Name of physician or clinic for which you will be working:** \_\_\_\_\_  
**Policy number:** \_\_\_\_\_  
Are you employed or contracted by the above physician or clinic?  **Employed**  **Contracted**
4. **Do you currently carry your own separate professional liability policy that will act as primary coverage for this practice?**  
Yes  No   
**If “Yes,” please include a copy of that declarations page with the completed application form.**
5. **Professional Designation:**  **Physician Assistant**  **Nurse Practitioner**  **Certified Nurse Midwife**  **Certified Registered Nurse Anesthetist**
6. **What is your specialty area of practice?** \_\_\_\_\_
7. **Will you be working at a location with no physician present?** Yes  No
8. **If you are an ARNP or PA, will your practice include obstetrical patient care?** Yes  No
9. **Send confirmation of coverage to the following hospitals where I am credentialed:**  
**Hospitals:** \_\_\_\_\_

**SECTION III – PROFESSIONAL BACKGROUND**

1. **Has your license to practice medicine or dispense narcotics in any jurisdiction ever been limited, denied, revoked, suspended, or voluntarily surrendered or subjected to probationary conditions, or have proceedings towards any of those ends been instituted against you?**  
a. **Medical License** Yes  No   
b. **DEA License** Yes  No

- 2. Have any complaints **ever** been filed against you with a governmental agency, medical or professional society, or other medical entity? Yes  No
- 3. Have you **ever** been subject to a governmental agency, medical or professional society, or other medical entity's disciplinary proceedings or reviews, or have you **ever** been notified of an intent to pursue such action? Yes  No
- 4. If "Yes," did the proceedings or review result in reprimand, censure, sanction, or modification of your practice, either voluntary or involuntary, or are you currently the subject of an administrative proceeding or review by such agency or society? Yes  No
- 5. Have you **ever** been convicted for an act committed in violation of any law or ordinance other than traffic offenses? Yes  No

**NOTE: A conviction record will not automatically bar or disqualify you from obtaining insurance.**

- 6. Have you **ever** been charged or convicted of a felony? Yes  No
- 7. Have you **ever** been under punitive or disciplinary observation, preceptorship, or sponsorship in a hospital, or has any hospital notified you of its intent to pursue such action? Yes  No
- 8. Have your hospital privileges **ever** been restricted, suspended, revoked, non-renewed, or denied, or has any hospital notified you of its intent to pursue such action? Yes  No
- 9. Has the threat or avoidance of disciplinary action **ever** caused you to voluntarily relinquish a medical staff membership, clinical privilege, professional license, or narcotics registration? Yes  No
- 10. Has any professional liability insurance carrier **ever** declined, cancelled, refused renewal, or issued coverage on special terms (premium surcharge, deductible, etc.), or have you ever been notified of impending action of this nature? Yes  No
- 11. Have you **ever** been diagnosed with, been treated for, or are currently being treated for alcoholism and/or chemical dependency? Yes  No
- 12. Have you **ever** incurred or become aware of having an illness or physical disability that impairs or could impair your ability to practice your medical profession (e.g., convulsive disorders, mental illness, multiple sclerosis, rheumatoid arthritis, hearing or vision impairment, Hepatitis B or C, HIV)? Yes  No

**If "Yes," in the "REMARKS" section, state illness or disability with date(s), and provide the name of and a statement from your treating physician attesting to your fitness to practice your profession.**

- 13. Has **any** claim or suit for alleged malpractice **ever** been brought against you or your professional corporation? Yes  No   
**If "Yes," give full details on the Claim Information Supplement, which is attached as part of this application, for ALL claims even if closed for no payment.**
- 14. Have you **ever** been accused of sexual misconduct? Yes  No
- 15. Have you **ever** had contact of a sexual nature with a patient or former patient? Yes  No

**IF ANY ANSWER TO QUESTIONS 1 THROUGH 15 IS "YES," USE THE "REMARKS" SECTION BELOW TO PROVIDE DETAILS.**

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**REMARKS**

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**CLAIM INFORMATION**

*(NOTE: please make copies of this form for additional claims)*

**No Claims**

- 1. Name of patient: \_\_\_\_\_ 2. DOB: \_\_\_\_\_ 3. Sex: \_\_\_\_\_
- 4. Allegation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5. Date of incident: \_\_\_\_\_ 6. Date reported: \_\_\_\_\_
- 7. Insurance carrier: \_\_\_\_\_  
Was a lawsuit filed? Yes  No
- 8. Additional defendants: \_\_\_\_\_
- 9. Location of occurrence: \_\_\_\_\_
- 10. Disposition of claim: \_\_\_\_\_
- 11. Amount of settlement or judgment: \_\_\_\_\_  
If claim is still open, reserve amount: \_\_\_\_\_

**The following questions should be answered in adequate clinical detail to allow proper evaluation. Please attach copies of patient's charts and operative notes as appropriate. Attach additional sheets as required, in duplicate.**

- 12. Condition and diagnosis at time of incident: \_\_\_\_\_
- 13. Date and description of treatment rendered: \_\_\_\_\_
- 14. Condition of patient subsequent to treatment: \_\_\_\_\_

**I understand information submitted herein becomes part of my Midlevel Provider Insurance Application as submitted.**

**APPLICANT'S REPRESENTATION (READ CAREFULLY)**

I hereby represent that the information contained in this application and any supplemental submission is complete and true and that no material facts which are reasonably likely to influence the judgment of Physicians Insurance Risk Retention Group, Inc. in considering this application have been omitted. I agree that this shall be the basis of the coverage provided to me and that I will notify Physicians Insurance Risk Retention Group, Inc. of any changes contained herein.

**APPLICANT'S AUTHORIZATION AND RELEASE (READ CAREFULLY)**

I acknowledge that as a condition precedent to acceptance of this application, an inquiry and investigation of my professional background, qualification and competence, including such other underwriting or claim matters as are deemed relevant, may be conducted by Physicians Insurance Risk Retention Group, Inc. or its duly authorized representatives. I expressly consent to any such inquiry and investigation and hereby authorize the release and exchange of information pertaining to such inquiry and investigation between any professional organizations in which I am or have been a member, their insurance consultants or agents, any hospitals at which I hold or have ever held staff privileges or have had an application for staff privileges denied, any state licensing agency, any attending or treating physicians, any prior insurance carriers, prior employers or professional associates and Physicians Insurance Risk Retention Group, Inc. or its duly authorized representatives. I hereby release and discharge the providers of information, Physicians Insurance Risk Retention Group, Inc., its duly authorized representatives and the members or consultant of any established peer review committees from any and all legal liabilities which might otherwise be incurred as a result of any communications, reports, disclosures and recommendations made or any acts performed, in good faith, in connection with any inquiry or investigation initiated by Physicians Insurance Risk Retention Group, Inc. or its duly authorized representatives.

*I understand that this application does not bind the company to provide this insurance. If coverage is issued, the limits of liability will be shared with the named insured under whose policy coverage is provided.*

**CALIFORNIA APPLICANTS:** 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 PRISON.

**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 POLICYHOLDER 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 REGULATED AGENCIES.

**DISTRICT OF COLUMBIA 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.

**MAINE APPLICANTS:** THE COMPANY WILL NOT RESCIND OR VOID ANY POLICY ISSUED IN MAINE DUE TO FRAUD OR A MISREPRESENTATION WITHOUT FIRST OBTAINING A COURT RULING THAT VOIDANCE OR RESCISSION OF THE POLICY IS PERMITTED. HOWEVER, IN THE EVENT OF A MISREPRESENTATION, OMISSION, CONCEALMENT OF FACT OR INCORRECT STATEMENT IN THIS APPLICATION OR INFORMATION PROVIDED TO US TO OBTAIN INSURANCE, THE COMPANY MAY CANCEL THE POLICY AND/OR DENY COVERAGE FOR ANY CLAIM IF SUCH MISREPRESENTATION, OMISSION, CONCEALMENT OF FACT OR INCORRECT STATEMENT WAS FRAUDULENT OR MATERIAL. IN ACCORDANCE WITH 24-A M.R.S.A. 2186(3), 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.

**MARYLAND APPLICANTS:** THE COMPANY WILL NOT VOID ANY POLICY ISSUED IN MARYLAND. HOWEVER, COVERAGE WILL NOT BE PROVIDED IF WE DISCOVER CONCEALMENT, MISREPRESENTATION, OR FRAUD. ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NEW HAMPSHIRE APPLICANTS:** THE COMPANY WILL NOT VOID ANY POLICY OR DENY COVERAGE TO ANY INSURED(S) IN NEW HAMPSHIRE IF THE INSURED(S) HAD NO KNOWLEDGE OF CONCEALMENT, MISREPRESENTATION OR FRAUD. HOWEVER, THE COMPANY WILL NOT COVER ANY CLAIMS AGAINST ONE OR MORE INSURED(S) WHO HAS INTENTIONALLY CONCEALED OR MISREPRESENTED A MATERIAL FACT, ENGAGED IN FRAUDULENT CONDUCT, OR MADE A FALSE STATEMENT RELATING TO THIS INSURANCE.

**NEW JERSEY APPLICANTS:** IN ACCORDANCE WITH N.J. STAT § 17:33A-6 (C), ANY PERSON WHO INCLUDES FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**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.

**OREGON 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 MAY HAVE COMMITTED A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**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.

**VIRGINIA APPLICANTS:** IN ACCORDANCE WITH VIRGINIA CODE 52-40, 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.

**WASHINGTON APPLICANTS:** THE COMPANY WILL NOT VOID ANY POLICY ISSUED IN WASHINGTON UNLESS THE INSURED(S) OR SOMEONE ACTING ON BEHALF OF THE INSURED(S) INTENTIONALLY CONCEALS OR MISREPRESENTS A MATERIAL FACT OR CIRCUMSTANCE RELATING TO THIS INSURANCE. 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.

**ALABAMA, ALASKA, ARIZONA, ARKANSAS, DELAWARE, FLORIDA, IDAHO, INDIANA, KENTUCKY, LOUISIANA, MINNESOTA, NEW MEXICO, NEW YORK, OHIO, RHODE ISLAND, TENNESSEE, TEXAS, WEST VIRGINIA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS MATERIALLY FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES WHICH MAY INCLUDE VOIDING OF THE POLICY IF ALLOWED BY STATE LAW.

**(A photocopy of this Authorization shall be considered as effective and valid as the original.)**

\_\_\_\_\_  
**Print Name**

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

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

**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.**