PHYSICIANS INSURANCE RRG

PHYSICIAN AND SURGEON RENEWAL APPLICATION

IMPORTANT: Please do not leave any questions incomplete. Unanswered questions or incomplete information including requested supporting documents will delay the underwriting of your application. Please print or type your answers.

Policy Number: _____

Name (First, Middle, Last): _____ ☐ M.D. ☐ D.O. ☐ Other _____

Mailing Address: _____

Principal Office Address (if different than mailing address): _____

Home Address (if different than mailing address): _____

Telephone: _____ Fax: _____ Email: _____

Office Contact Name: _____ Office Phone Number: _____

Office Email (if different from email above): _____

Name of Solo Corporation (if applicable): _____

Policy Limits: _____ Effective Date: _____ Retroactive Date: _____

Specialty: _____ Patients per Week: _____ Hours per Week: _____

PLEASE EXPLAIN ANY "YES" RESPONSE OR PROVIDE ANY REQUIRED EXPLANATION OR DETAILS IN THE REMARKS SECTION BELOW.

1. Have there been any major changes to your practice within the last 12 months? These changes include: procedures performed, scope of practice, new specialty or subspecialty certifications, merchandise sold, drug study participation or receiving treatment for alcohol or drug abuse. ☐ Yes ☐ No

2. Have there been any incidents to patients from services rendered by you or anyone in your office that resulted in death, permanent damage/disability, or any other injury/bad outcome? ☐ Yes ☐ No

3. Have you received an unexpected request for patient records from an attorney who you were previously not aware of, or are you aware of any adverse outcomes which might have given rise to this request? ☐ Yes ☐ No

4. Are you aware of any incidents or circumstances that might reasonably lead to a claim or suit being brought against you even if you believe the claim or suit would be without merit? ☐ Yes ☐ No

   If yes, have all such incidents or circumstances that might reasonably lead to a claim or suit being brought against you even if you believe the claim or suit would be without merit been reported to Physicians Insurance RRG? ☐ Yes ☐ No

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Physicians Insurance Risk Retention Group, Inc. Serviced by Physicians Insurance Member Services, LLC
601 Union Street, Suite 500
Seattle, WA 98101 | (800) 962-1399

5. Have you been subject to any civil or criminal investigation or had any disciplinary action filed against you which has been initiated by any patient, their families, an employee/ex-employee or regulatory authorities? ☐ Yes ☐ No

6. Have any awards or settlements been paid on your behalf for claims which were previously open with a prior insurance carrier? ☐ Yes ☐ No

7. Do/Did you function as a Medical Director for any facility? If yes, name of the facility and length of time you have been there. Do you admit patients for the above facility? ☐ Yes ☐ No

8. Have you served as an expert witness, or have you been deposed as an expert in any case of medical malpractice? If so, please supply copies of your deposition or testimony if available. ☐ Yes ☐ No

9. Do/Did you employ, subcontract with, supervise, or sponsor any physicians, nurse practitioners, physician assistant or other mid-level providers? ☐ Yes ☐ No
If yes, please provide a list names, describe their specialties, if they have their own professional liability insurance policy, and the nature of the professional relationship.

10. Do you contract with any public, government, private correctional facility, or detention center, including but not limited to US Immigrations and Customs Enforcement (ICE) detention centers? ☐ Yes ☐ No

If yes, please provide a copy of the contract(s) and Certificate of Insurance if insurance is covered by another carrier.

REMARKS:

10. Please indicate below your best estimate of the number of the following procedures you expect to perform, or in which you will participate, in the next year, beginning with the date of your renewal coverage (additional underwriting questions may apply):

Abortions - first trimester:
_____ Hospital
_____ Clinic
_____ Office
Abortions - after first trimester:
_____ Hospital
_____ Clinic
_____ Office
_____ Acupuncture
_____ Adenoidectomies
_____ "Alternative Medicine" or "complementary medicine" procedures (as viewed by most physicians)
Please describe: _____
Anesthesia - obstetrical:
_____ General
_____ Spinal
_____ Epidural
Anesthesia - non-obstetrical:

_____ General
_____ Spinal
_____ Epidural
_____ Anesthesia (other) – Please describe: _____
_____ Angiographies
_____ Angioplasty
_____ Arteriographies
_____ Assisting in major surgery - own patients
_____ Assisting in major surgery - other than own patients
_____ Breast implants
_____ Breast reductions
Catheterizations:
_____ Cardiac
_____ Arterial
_____ Other - Please describe: _____
_____ Chelation therapy
_____ Chemabrasion
_____ Chemical Peels
_____ Chemotherapy
_____ Colonoscopies
_____ Cosmetic implantation or injection of silicone or other materials - Please describe: _____
_____
_____ Cryosurgery - Please describe: _____
_____ D & C's
Deliveries:
_____ Vaginal
_____ Cesarean
_____ Vaginal after Cesarean
_____ Discograms
_____ Electromyography
_____ Endoscopy (other than proctoscopy or sigmoidoscopy) - Please describe: _____
_____ Eyeliner pigmentation
_____ Fracture reductions - closed
_____ Fracture reductions - open
_____ Hair transplants, or other hair growing or replacement techniques
Hemorrhoidectomies:
_____ Internal
_____ External
_____ Herniorrhaphies
Ketamine Therapy:
_____ Intravenous
_____ Non-intravenous
Laparoscopy:
_____ Diagnostic - Please describe: _____
_____ Surgical - Please describe: _____
_____ Laser Surgery - Please indicate type of surgery: _____
_____ Liposuction
_____ Lumbar punctures
_____ Manipulation therapy
_____ Myelography
_____ Needle aspirations
_____ Needle biopsies
_____ Office surgery OTHER THAN superficial suturing of skin, incision and drainage, or removal of warts, moles and sebaceous cysts - Please indicate type of surgery: _____

_____ Pacemaker insertion
_____ Pain management - Please indicate type: _____
_____ Pre-natal care
_____ Radial keratotomies
_____ Radiation - diagnostic
_____ Radiation - therapeutic
_____ Sclerotherapy (choose one) ☐ <1mm ☐ >1mm
_____ Shock therapy
_____ Spinal Surgery
_____ Tattoo removal
_____ Thoracentesis
_____ Tonsillectomies
_____ Total joint replacements
_____ Tubal ligations
_____ Vasectomies
_____ Venography
_____ Weight control by means other than diet or exercise - Please describe: _____
Any other procedure you reasonably believe will be of interest to a medical professional liability insurer
Please describe: _____
☐ I DO NONE OF THESE PROCEDURES

11. Please indicate the **percentage** of your surgical practice, if any, that involves the following types of major surgery:

0%	Abdominal	0%	Ophthalmological
0%	Bariatric	0%	Orthopedic - including spinal surgery
0%	Cardiac	0%	Orthopedic - without spinal surgery
0%	Colon/rectal	0%	Plastic - cosmetic
0%	General	0%	Plastic - reconstructive
0%	Gynecologic	0%	Thoracic
0%	Hand	0%	Traumatic
0%	Head and Neck	0%	Urologic
0%	Neurosurgical	0%	Vascular
0%	Obstetrical		

☐ I DO NONE OF THESE PROCEDURES

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 in considering this application have been omitted. I agree that this shall be the basis of the locum tenens coverage provided to me and that I will notify Physicians Insurance Risk Retention Group 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 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 or its duly authorized representatives. I hereby release and discharge the providers of information, Physicians Insurance Risk Retention Group, 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 or its duly authorized representatives.

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.

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 INSUREDS 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 COMMITED 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 CRIMINALAND CIVIL PENALTIES WHICH MAY INCLUDE VOIDING OF THE POLICY IF ALLOWED BY STATE LAW.

I understand information submitted herein becomes part of my Professional Liability Insurance Application as submitted.

Applicant's 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.

I understand that signature of this application does not bind the company to complete this insurance.

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

PHYSICIANS INSURANCE RRG

Re: Appointment of Proxy

Dear PIRRG Member:

Physicians Insurance Risk Retention Group, Inc. (“PIRRG”) is a member-owned and directed insurance company. As such, the focus is always on you, the member, and not stockholders or third-party investors. It also means you have a direct voice in the affairs of PIRRG.

As required by law, PIRRG must annually hold member meetings and bring various business elements to the membership for a vote. You can exercise your governance rights by appointing a proxy to vote on your behalf at future member meetings. Your proxy appointment helps ensure that PIRRG obtains the quorum of members necessary to take any important corporate action.

PIRRG will provide advance notice of all future member meetings. You can decide to attend a meeting and exercise your right to vote in person even if you provided a proxy.

Sincerely,
Physicians Insurance Risk Retention Group, Inc.

PHYSICIANS INSURANCE RRG

PROXY

I appoint the President and Corporate Secretary of Physicians Insurance Risk Retention Group, Inc. ("PIRRG"), and each of them, agents and attorneys with powers of substitution in each of them, my lawful proxy to vote and act for the member policyholder and in its name at all annual, regular, and special meetings of the members of PIRRG.

This proxy is solicited on behalf of PIRRG and will empower the holders to vote on the member policyholder's behalf for the election of directors of the Board of Directors and such other business as may properly come before any annual, regular or special meeting of members.

This proxy, unless revoked or replaced by substitution, shall remain in force for three years from the date stated below. If undated, the date of receipt will be inserted by PIRRG.

I may revoke this proxy by giving PIRRG written notice of my revocation before the day of any annual, regular, or special meeting at which such proxy is to be exercised. If I attend a meeting, I may revoke this proxy if I choose to vote in person.

DATE and SIGN your name. The proxy must be signed to be valid.

Policyholder Name: _____

Signature: _____ Date: _____

Print Name: _____

Print Title: _____

Email Address: _____

By providing my email address I opt-in to receive future electronic member communications from PIRRG

Thank you for your assistance in this important matter.

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