

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.

Corporation/Partnership name: _____

Address: _____

City/State/Zip: _____ Telephone: _____

Taxpayer ID No.: _____ Clinic Manager: _____

Underwriting and Rating Information—

Please submit copy of current Declarations Page.

Desired effective date: _____ Retroactive date: _____

1. The legal entity named above is:

- a. Professional service corporation
- b. Partnership
- c. Other corporation
- d. Other (please describe)

Organized in the state of _____

Are any owners non-physicians? Yes No If "Yes," list names and percentage of ownership below:

Are you affiliated with or do you anticipate forming alliances with any other clinics, practice associations, or hospitals? Yes No

If "Yes," which other are you planning to associate with? _____

2. Describe the principal activity of this organization. (Give detailed description if other than usual specialty)

3. List all practice locations of the organization:

4. Name and policy number of previous insurer, if any:

5. Desired limits: \$1/5 million \$2/6 million \$3/7 million \$4/8 million \$5/9 million

6. List the named and medical specialties of the individual physicians who are stockholders, partners, employees, or independent contractors. Indicate if individual physicians are applying for coverage with the company and specify professional liability insurance limits. Attach an extra page if necessary.

<u>Physician</u>	<u>Specialty</u>	<u>Insured by</u>	<u>Policy No.</u>	<u>Limits</u>

7. Preferred billing method:

Should each of the above physicians be billed individually, or should the clinic receive one billing statement?

- Physicians Clinic

Please select one of the following payment options:

- Monthly (with a service charge assessed) Quarterly Semi-Annually Annually

8. Do you employ, subcontract with, supervise, or sponsor any nurse anesthetists, nurse midwives, nurse practitioners, or registered physician assistants? Yes No If "Yes," list names, describe their specialties, attach copies of their credentials, indicate whether or not they have their own professional liability insurance coverage, and describe the nature of your professional relationship. Attach an extra page if necessary. Do you employ (file a W2 for) any other non-physician personnel such as a receptionist, billing specialist, office manager, RN, medical assistant, etc.? Yes No

Table with 5 columns: Name, Title, Insured by, Policy No., Limits. Includes horizontal lines for data entry.

9. For the past five years, please list all claims paid on behalf of, or suits brought against, the entity including employment-related claims (other than workers' compensation) and other general liability claims or suits. Attach an extra page if necessary.

Horizontal line for data entry.

10. Warranty

We hereby represent and warrant the truth of all statements and reasons mentioned herein and that we have not withheld any information that is likely to influence the judgment of Physicians Insurance in considering this application for professional liability insurance. We agree to notify Physicians Insurance promptly of any change in the information contained in this application. We further agree to be bound by the underwriting guidelines of Physicians Insurance.

We understand that the submission of this application does not bind Physicians Insurance to issue an insurance policy, but it shall be the basis of the contract should a policy be issued.

President/Partner's Signature

Date

Clinic Manager's Signature
(If authorized to act on behalf of the organization in all capacities)

Date

Washington State law requires us to inform you of the following: 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.

Please return to:

- Seattle Office: Physicians Insurance A Mutual Company, Attn: Underwriting Department, PO Box 91220, Seattle, WA 98111, (206) 343-7300 (800) 962-1399, F (206) 343-7100

- Eastern Regional Office: Physicians Insurance A Mutual Company, Attn: Underwriting Department, 421 W. Riverside Avenue, Suite 1200, Spokane, WA 99201, (509) 456-5868 (800) 962-1398, F (509) 456-0821

