Physicians Insurance
A MUTUAL COMPANY

CORPORATION/PARTNERSHIP POLICY 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.

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.

Physician	Specialty	Insured by	Policy No.	Limits

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

Name	Title	Insured by	Policy No.	Limits

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.

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 **Date**
(If authorized to act on behalf of the organization in all capacities)

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.