



**James River Insurance Company
and its Subsidiaries**
6641 West Broad Street, Suite 300
Richmond, VA 23230

Medical Laboratory Application

**LIFE SCIENCES
Division**
Email to LS@jamesriverins.com

APPLICANT'S INSTRUCTIONS:

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 90 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

Additional information required for this submission:

- Copy of current facility license *(if applicable)*
- Copy of current state inspection *(if applicable)*
- 5 year loss runs currently valued
- All advertisements, brochures, literature

SECTION I – GENERAL INFORMATION

Applicant name:

DBA:

Address:

City: _____ State: _____ Zip: _____

Phone: _____ Website: _____

Years in business under current management: _____ Date established: _____

Inspection contact name and information:

Type of enterprise: Corporation Individual Partnership Proprietorship LLC
 Non-profit For profit Joint venture Government entity
 Other:

Description of operations:

List of subsidiaries and their operations:

List any additional offices and provide locations:

Have any of the principals engaged in this or similar enterprises under a different name? Yes No

If "Yes", please list entity and operations:

Provide business financial information for the last five (5) years and estimates for the next year:

Year	Domestic sales	Foreign sales	Payroll	# of employees
Next year				
Last year				
2 nd year prior				
3 rd year prior				
4 th year prior				
5 th year prior				

SECTION II – MEDICAL LABORATORY OPERATIONS

1. Provide a detailed description of the nature of operations and services provided (*attach a copy of brochure, if available*):

2. Is applicant involved in any of the following (*please provide percentages for all that apply, percentages should add up to 100%*):

Description of service	Percentage of overall operations
Services open to the public (<i>health fairs, shopping mall exhibits, etc.</i>)	%
Medical, genetic, AIDS, or drug research	%
Manufacturing, dispensing, or testing pharmaceuticals	%
Product testing and/or certification	%
Medical device testing	%
Forensic testing	%
Blood banking or cross matching	%
Intravenous transfusions of blood or procurement of blood or blood products	%
Therapy or treatment procedures	%
Diagnostic medical testing	%
Drug testing	%
Testing for AIDS	%
Environmental analyses	%
Manufacture and/or sell laboratory equipment or supplies, reagents, or software	%
Use of any radioactive material other than used in X-ray equipment	%
Use of injected or ingested material	%

3. Are services provided to (*provide % of services for each type of client, percentages should add up to 100%*):

Hospitals	%	Physicians' offices	%	Nursing homes	%
Industrial facilities	%	Product manufacturers	%	Government	%
Other*	%	*Describe "Other":			

4. Provide percentage of specimens (*percentages should add up to 100%*):

Collected direct from patients by the applicant:	%
Received by the applicant from outside sources:	%

5. Is applicant a lab that is involved in drug testing? Yes No
 a. If "Yes", is applicant approved by the National Institute on Drug Abuse (NIDA)? Yes No
 b. If "No", please provide a detailed description:

6. Is applicant a medical laboratory? Yes No
 a. If "Yes", is applicant CLIA approved? Yes No
 b. If "No", please provide a detailed description:

7. Is applicant a "covered entity" under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy rule? Yes No
 If "Yes", has the applicant implemented procedures to comply with the HIPAA privacy rule? Yes No

8. Provide the name of the facility's privacy officer:

9. Does applicant have a formal quality control or quality assurance program in effect? Yes No

10. Who performs the following in applicant's facility

a. Calibration of diagnostic equipment?	<input type="checkbox"/> Contractor	<input type="checkbox"/> Employee
b. Service/maintenance of diagnostic equipment?	<input type="checkbox"/> Contractor	<input type="checkbox"/> Employee

11. Are logs kept of all servicing, maintenance, and calibration of precision instruments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Does applicant require all independent contractors to hold them harmless via contract, provide certificates of insurance evidencing product liability coverage, and name the applicant as an additional insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Does applicant store hazardous materials? If "Yes", please provide containment details/description of materials:	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. What percentage of services does applicant provide under contract? %	
15. During the immediate fiscal year, did applicant derive more than 50% of its contract revenue or gross fees from any one single client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Does applicant use a standard written contract with its clients? If "Yes", please answer the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Does the form contain a limitation of liability clause?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Does the form contain any of the following (<i>check all that apply</i>):	
<input type="checkbox"/> Hold harmless clause <input type="checkbox"/> Subsurface structure clause	
<input type="checkbox"/> Detailed scope of services <input type="checkbox"/> Limitation of consequential damages	
<input type="checkbox"/> Ownership of documents clause <input type="checkbox"/> Sample disposal clause	
17. Does applicant make any recommendations based on test results?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Indicate, by profession, the number of individual(s) employed and contracted by applicant:	
Profession	# employed
# contracted	
Nurses	
Physicians	
X-ray technicians	
Phlebotomists	
Other technicians	
Other (<i>describe</i>):	
19. Provide name and qualifications of the medical director (<i>please attach curriculum vitae (CV) for this individual</i>):	
20. Are employed professionals required to carry their own professional liability insurance? If "Yes", what coverage and limits are required?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION III – PRIOR INSURANCE AND CLAIMS HISTORY					
1. Please provide insurance information for the past three (3) years.					
Carrier	Limits	Deductible	Retro date	Premium	Exposure base or policy rate
2. Has applicant or any of its employees ever been:					
a. The subject of disciplinary or investigatory proceedings or been reprimanded by an administrative or governmental agency, hospital, or professional organization?					<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Convicted for an act committed in violation of any law or ordinance other than traffic offenses?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" to either a or b above, please provide full description(s):					

3. During the last five (5) years, has any claim been made against any person(s) or organization(s) to be covered under this insurance? Yes No
 If "Yes", please provide five (5) year loss history for all claims below and attach a description for any loss greater than \$10,000:

Year	# of claims	Total paid	Total reserves	Total incurred	Valuation date

SECTION IV – SIGNATURE, CONSENT AND AGREEMENT

This Application is the basis for coverage; therefore, any incorrect or incomplete statements or answers could nullify coverage. Completion of this form neither binds coverage nor guarantees that a policy will be issued. *(Not applicable in North Carolina)*
 I hereby request that my application for insurance coverage be submitted for consideration to the company shown in this application. Accordingly, I authorize and direct any person or organization whatsoever to release and furnish to that company any and all information requested which may relate to my insurability.
 I hereby indicate that the aforementioned statements and answers are correct and complete. I further understand that an incorrect or incomplete statement or answer could void my protection.
 I hereby consent to the review by the company shown in this application of any incidents or occurrences likely to result in malpractice allegation or claim. I agree to cooperate in the review of claims and incidents which apply to the coverage requested.
 Where applicable, I hereby consent to the review of my application by the committees appointed by my county or state professional association / society. I agree to cooperate with these committees.

COPY OF NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT.

(Not required in all states, contact your agent or broker for your state's requirements.)

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You may have the right to review your personal information in our files and request correction of any inaccuracies. You may also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information. *(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applications in these states.)*

NOTICE TO APPLICANT

The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.
 The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

FRAUD STATEMENTS

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. **Applies in MD Only.*

Applicable in CO

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 for the purpose of defrauding or attempting to defraud the 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 Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony (of the third degree)*. **Applies in FL Only.*

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. **Applies in NY Only.*

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. **Applies in ME Only.*

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

I have read the statements above, understand their meaning and agree.

Applicant's signature:

Date:

Applicant's name:

Applicant's title: