Perfusion Insurance Program

Provided by:

National E & S Insurance Brokers, Inc.
41235 11th St West
Palmdale, CA 93551

661-266-4444

APPLICATION FOR PERFUSION AND AUTOTRANSFUSION PROFESSIONS FOR PROFESSIONAL LIABILITY INSURANCE

APPLICANT INFORMATION

a. Full name of Applicant (including all dba's and subsidiaries seeking coverage under the policy): _____

_____

b. Principal business premise address: _____
(Street) (County)

_____
(City) (State) (Zip)

Contact Person(s): _____

Business Phone: (___) _____ Email address: _____

Please attach a list of additional office addresses.

c. Number of Employees: Full time _____

"Full time equivalents" _____

(2080 total part time hours/ # part time employees)

Part time _____

(Total hours of all less than 2080 hours)

Independent Contractors _____

d. Type of Entity: Corporation____ Partnership____ Individual_____

e. Professional Specialty: Perfusionist_____ Other (please specify)_____

f. Revenues: Last 12 months _____ Estimate for next 12 months _____

Number of annual patient encounters: Last 12 months_____ Estimate for next 12 months_____

Approximate division of patients (specify percentage): Adult_____ Pediatric_____

g. Percentage of Time Spent in the Following Locations:

[ ] Operating Room [ ] Nursing Home

[ ] Outpatient Clinic [ ] Hospital

[ ] Other (please specify)_____

h. Names of all practicing licensed or certified professionals working with your company, including independent contractors and part time professionals:

_____
_
_____
_
_____
_
_____
_

APPLICANT HISTORY/CLAIMS

Please list prior professional liability insurance carried for each of the past four years. IF NONE, STATE NONE.

Insurance Carrier	Policy Number	Limits of Liability	Deductible (If any)	Premium	Inception Mo./Day/Yr.	Expiration Mo./Day/Yr.	Retro Date

(IMPORTANT NOTE: Retro dates of Claims Made coverage must be requested and documented. If an increase in limits is requested, a new retro date will apply to the higher limits at inception.)

d. Has any claim or suit been brought against you and/or any of your employees?.....[ ] Yes [ ] No

If yes, detailed claim information must be provided for each claim or suit. Insurance carrier provided information regarding Reserved and paid amounts per claim is strongly suggested for most competitive pricing results

e. Are you aware of any circumstances which may result in a malpractice claim or suit being made or brought against you or any of your employees?.....[ ] Yes [ ] No

If yes, please give details on a separate sheet.

* NOTICE TO APPLICANT: The coverage applied for is SOLELY AS STATED IN THE POLICY, which provides coverage on a "CLAIMS MADE" basis for ONLY 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.

WARRANTY: I/We warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. **I/We authorize the release of claim information from any prior insurer to the underwriting manager, Company and/or affiliates thereof.**

Name of Applicant | Title (Officer, partner, etc.)

Signature of Applicant | Date

SIGNING this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one copy of this application will be attached to the policy, if issued.