



Professional Liability/Medical Malpractice Professional's Standard & Non-Standard
 This policy provides coverage for claims made against you for professional services rendered by you or your employees or other persons under your control. It covers you for claims made against you for professional services rendered by you or your employees or other persons under your control. It covers you for claims made against you for professional services rendered by you or your employees or other persons under your control.

APPLICATION FOR PARAMEDICS, EMT'S, NURSE PRACTITIONERS, AMBULANCE SERVICES AND PHYSICIANS' AND SURGEONS' ASSISTANTS PROFESSIONAL LIABILITY INSURANCE

(Claims Made Basis) **APPLICANT'S INSTRUCTIONS:**

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.
(PLEASE TYPE OR PRINT IN INK)

PART I - ALL APPLICANTS MUST COMPLETE:

1. APPLICANT INFORMATION

- a. (i) Full Name of Individual Applicant: _____ Professional Degree _____
 (ii) Date of Birth: _____ Place of Birth: _____
- b. (i) Principal business premise address: _____
 (Street) (County)

 (City) (State) (Zip)
- (ii) Other Business Locations: _____
 (iii) Square feet of total office space (all locations): _____
 (iv) Number of Employees: Full time _____ Part time _____ Total _____
 (v) Business Phone: (____) _____ Home Phone: (____) _____
- c. If you practice **other than** as an **employee** OR an **unincorporated solo practitioner**:
- (i) Formal business, corporate or partnership name: _____
 (ii) List the names of all partners or members of your professional association/corporation who provide professional services: _____

- (iii) Attach a copy of your letterhead.
- d. Is the Applicant a "Covered Entity" under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule? [] Yes [] No
 If yes,
 (i) Has the Applicant implemented procedures to comply with the HIPAA Privacy Rule? [] Yes [] No
 (ii) Provide the name and title of the Applicant's Privacy Officer: _____
 Our Business Associate Agreement is available by calling (502) 244-1056. This is the only Business Associate Agreement we will recognize.

2. APPLICANT PRACTICE

- a. Your Practice:
- | | |
|------------------------------------------|---------------------------------------------|
| _____ Solo Practitioner (unincorporated) | _____ Professional Corporation (for profit) |
| _____ Solo Practitioner (incorporated) | _____ Professional Corporation (non-profit) |
| _____ Partnership | _____ Employee of _____ |

