



PROFESSIONAL LIABILITY ASSOCIATION, INC.
RISK RETENTION GROUP, INC.

9300 Shelbyville Rd., Suite 204 Louisville, KY 40222 (v)502.895.6404/866.749.2273 (f)502.895.6406/866.797.2273

NON-PHYSICIAN HEALTH CARE PROVIDER PROFESSIONAL LIABILITY INSURANCE RENEWAL APPLICATION

Section I – General Information (All questions must be completed.)

1. Name of applicant: _____

Address: _____

2. Contact person: _____ Phone: _____ Fax: _____

3. Birth Date: _____ E-Mail: _____

4. List any new locations since your last application: _____

5. Provide the average number of hours and number of patients worked/seen per week: _____ # Hours _____ # Patients

6. Do you practice as:

- Checkboxes for various professions: Nurse Anesthetist, Nurse Midwife, Nurse Practitioner, Perfusionist, LPN, RN, Optometrist, X-Ray Therapist, Physician's Assistant, Clinical Nurse Specialists, Pharmacist, First Surgical Assistant, Psychologist, Other.

7. List any new states in which you have been licensed or certified since your last application.

Table with 6 columns: State, License#, Certificate#, % per state, % of patients, % of hospital

8. Are you currently aware of any investigation being conducted which could impact your license? Yes No

9. Provide detailed description of any changes in your principal activity while working since your last application.

10. Are you currently being, or have you ever been, treated for alcoholism or substance abuse? Yes No

11. Do you have knowledge of any claims, potential claims, circumstances that could possibly result in claims, or suits in which you, your employees, or any professional association, corporations or partnership to which you belong or have belonged, may become involved, including knowledge of any alleged injury arising out of the rendering of or failure to render professional services which may give rise to a claim? Yes No

If yes, has this incident been reported? Yes No

If not reported, please provide detailed summary and attach to this application. The name of the patient, date of potential incident, details of what happened and why.

12. Do you follow all state laws, federal laws and specific national association protocols? Yes No

If "No", please explain and attach a copy of the protocols followed or changed since your last application.

Section II – Signature: This section must be completed by all applicants.

All of the above information is true to the best of my knowledge and belief. I understand that signing this application does not bind CARE Professional Liability Association, Inc. to complete the insurance, but it is agreed that this application shall be the basis of a contract should a policy be issued. I authorize, release any exchange of any underwriting or claims information between all prior carriers and CARE Professional Liability Association, Inc.

Notice to Kentucky Applicants: Any person knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Signature of Applicant _____ Date: _____

I understand that CARE Professional Liability Association, Inc. reserves the right to reject any applicant that does not meet its Underwriting standards.

Policy Number _____ Renewal Date: _____