

Name: _____

Appendix B - Organization Application

1. Name of organization _____
Address _____
Tax ID# _____
Retroactive date _____

2. a) Description of operations performed _____
b) Description of services performed _____

	Past 12 Months	Projected Next 12 Months
Patient visits (each encounter)	_____	_____
Gross receipts	_____	_____
Payroll	_____	_____
Other	_____	_____

3. Are overnight facilities available? Yes No

4. Hours of operation _____

5. Describe the type of organization and ownership. (Check all that apply)

- Professional Association
- Corporation
- Joint Venture
- For Profit
- Other, describe _____
- Partnership
- Community Clinic (non-profit)
- Partnership, Limited
- Not for Profit

6. Are there subsidiaries that are to be included in this coverage? Yes No
(If yes, please list name of subsidiary and provide a current organizational chart)

7. List members, shareholders, etc.

8. How long has the organization been in business? _____ Years _____ Months

9. Does the organization have a written Quality Assurance/Risk Management Program? Yes No

10. Has the organization ever been sued regardless of whether the claim was dismissed on a judgment rendered? Yes No
(If yes, please complete supplemental claims information sheet)

11. Name of current professional liability insurance carrier _____
(Please attach a copy of the declarations page showing: retro date, limits of liability, policy period and any restrictive endorsements)

12. Has your professional liability insurance ever been cancelled, refused or non-renewed? Yes No

13. Are procedures in place for patient transfers to another facility in the event of an emergency? Yes No
(If yes, please describe)

14. Are medications administered? Yes No
If yes, by whom?

15. **Optional Waiver of Consent to Settle 1% discount to premium.** If you chose this option, your coverage will be changed. An endorsement will be attached to your policy giving the company the sole right to settle any claim as it deems appropriate. Would you like this optional waiver applied to your policy? Yes No

Complete Appendix B for each organization named. Attach copies of all advertising materials, stationary, telephone directory yellow pages, handouts and other advertising.