Princeton Insurance
a MedPro/Berkshire Hathaway company

Healthcare Facility/Clinic Policy Renewal Application

Policy Number: _____ Tax ID#:_____ Policy Effective Date: _____

Name Insured: _____

Address: _____

Contact: _____ Phone: _____

E-mail: _____ Fax: _____

Do you participate as a principal investigator for any clinical trials? ☐ Yes ☐ No
If yes, do you follow FDA-approved protocols? ☐ Yes ☐ No
If no, please explain: _____

In order for us to accurately evaluate your entity's coverage, please provide us with a breakdown of revenue generated at your office or at your hospital.

	Past 12 Months	**Projected Next 12 Months**
Total Patient Visits	_____	_____
Gross Receipts		
A) Generated at your Office	_____	_____
B) Generated at a Hospital	_____	_____
Payroll	_____	_____

SURGICENTER ONLY: Number of Procedures:

General _____ Oral _____ OB/GYN _____ OB/GYN Infertility _____

Podiatry _____ Orthopedic _____ Pain Management _____

Gastroenterology _____ Eye _____ Plastic _____ Other _____

Description of services provided (include brochures):_____

List ALL members, partners, stockholders and indicate which work at the organization and their positions:

Is coverage desired for staff of this organization? ☐ Yes ☐ No
***If yes**, complete Appendix A - Staff Schedule of this application*
If no, are employees required to maintain their own insurance? ☐ Yes ☐ No

If employees maintain their own insurance, at what limits? $_____
Do you require proof of insurance? ☐ Yes ☐ No

List Professional Staff or complete Appendix A: _____

SUPPLY COPIES OF CERTIFICATES OF INSURANCE AND CLAIMS HISTORY REPORT FOR ANY PROFESSIONAL STAFF THAT IS NOT INSURED BY PRINCETON INSURANCE COMPANY.

Signature of Officer: _____ Date: _____

Appendix A - Staff Schedule

Policy Number: _____

Corporation Name: _____

Do you anticipate any changes in staff or services provided by this entity in the next year? ☐ Yes ☐ No

If yes, please describe: _____

_____

List all professional staff including members, partners and shareholders (Physicians, Chiropractors, Dentists, etc.)

Name	Policy # if Princeton insured	License number	Specialty or position	Date of hire	Status		Avg. # hrs. per wk
					Employee	Independent Contactor	

List all Allied Professionals (RN, LPN, CRNA, Nurse Midwife, Techs, Social Worker, Occupational or Physical Therapist, Licensed Counselor, Physician Assist Non-Surg. or Surg., etc.)

Name	Policy # if Princeton insured	License number	Specialty or position	Date of hire	Status		Avg. # hrs. per wk
					Employee	Independent Contactor	

List all other clerical staff

Name	Position	Date of hire	Avg. # hrs. per wk.

For all professional staff not insured with Princeton, attach certificates of insurance or a copy of their professional liability policy and claims history for each individual.

Signature: _____ Date: _____