

COMPLETED RENEWAL APPLICATION REQUIRED FOR RENEWAL OF YOUR POLICY
(Please indicate any corrections or changes you wish to make.)

Policy Number _____ Policy Effective Date / /

1. Agency name and address _____

Phone _____ Fax _____

2. Name and mailing address of insured _____

Phone _____

Fax _____

E-mail _____
(Will be used to provide policyholder information only)

Website _____

3. Birthdate _____

4. License # for primary practice state _____

Practice Locations

5. List all locations where you currently and/or anticipate working; indicate number of hours worked per week

Employer/Facility Name	Street	City	State	Zip	Employee or Independent Contractor	Total hours worked*
#1						
#2						
#3						

*Includes patient care, hospital rounds, record keeping, administrative duties, teaching, house calls, nursing home visits, utilization review.

6. Specialty you currently practice _____

7. Please indicate the applicable percentage of your practice (Total should equal 100%)

_____ % MAJOR SURGERY - performing major surgery including all procedures performed using general anesthesia

_____ % OBSTETRICS: Number of deliveries per year _____

_____ % PREGNANCY TERMINATIONS: _____ % first trimester terminations, _____ % second trimester termination

_____ % ASSISTING IN MAJOR SURGERY

If you assist in major surgery, do you provide post-operative follow-up care? Yes No

_____ % MINOR SURGERY - performing minor surgery (**use of general anesthesia for any procedure constitutes major surgery**)

_____ % NO SURGERY - medical practice which may include incising boils and abscesses, removal of superficial skin lesions, suturing minor lacerations

8. List any procedures that you perform that are not typical to the specialty in which you received your residency or fellowship training None

9. List any procedures you perform in the office setting for which you are not privileged to perform in a hospital None _____

10. CLAIMS UPDATE

Other than with Princeton, have any new claims been made against you? Yes No

Other than with Princeton, have any previously open claims been closed without indemnity payment? Yes No

Other than with Princeton, have any previously open claims been closed with indemnity? Yes No

If you answered "Yes" to any of the above claims questions, you must provide copies of updated loss runs from your prior carrier.

Updated loss runs are required to maintain an Elite discount.

11. Do you have a position for which no coverage is required, or for which you are insured with another carrier? Yes No

If yes, indicate activity, entity, and location to be excluded and indicate hours worked at this position only _____

If you answer yes to any of the questions 12 through 22, please explain on a separate sheet, and provide full documentation from any agency involved.

- 12. Do you provide any services over the internet? Yes No
 - 13. Do you know of any circumstance, act, error or omission that could possibly result in a professional liability claim against you? Yes No
 - 14. Do you anticipate any changes in staff or services provided in the next year? Yes No
 - 15. Are you in military service or employed full-time by the federal government? Yes No
 - 16. Has any health care facility ever denied, suspended, revoked privileges or has probation been invoked? Yes No
 - 17. Has your professional license ever been denied, suspended, revoked or voluntarily surrendered or has probation been invoked? Yes No
 - 18. Do you have any condition or engage in any activity, or use any substance (including alcohol, drugs or medications) which affects, impairs or limits your ability to practice medicine with reasonable skill and safety? Yes No
 - 19. Have you ever been charged with a criminal offense or are you currently under investigation for a criminal act? Yes No
 - 20. Has a complaint against you ever been submitted to the Board of Medical Examiners or are you currently under investigation by any regulatory authority? Yes No
 - 21. Do you treat patients at a correctional facility? Yes No
 - 22. Do you read, interpret, or diagnose films, slides, or specimens taken from patients who reside in states other than your indicated state of practice? Yes No
- If yes, do you have coverage under a separate policy for this exposure?** Yes No
If yes, provide details and attach verification of coverage, if applicable.

- 23. Do you participate as a principal investigator for any clinical trials? Yes No
If yes, do you follow FDA-approved protocols? Yes No
- 24. Optional Waiver of Consent to Settle: 1% discount to premium. If you choose 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. Yes No

Corporate Coverage - Please complete if you own a professional corporation, professional association, or limited liability corporation

- 25. Is coverage desired for your professional entity? Yes No
If yes, name of entity _____
Federal Employer Identification Number _____
- 26. Does your entity employ any physicians, surgeons, podiatrists, dentists, chiropractors, physician assistants, surgical assistants, residents, nurse anesthetists, nurse midwives, nurse practitioners, nurse surgical assistants, clinical nurse specialists, perfusionists, social workers, or psychologists? Yes No
If no, solo corporations must share the limits of liability of the individual.
If yes, a separate Appendix A - Staff Schedule and Appendix B - Organization Application must be completed and certificates of insurance and claims histories must be provided for each individual.
- 27. Is this a new entity formed within the last 12 months? Yes No

Section II Signature

All of the above information is true to the best of my knowledge and belief. It is agreed that this application shall be the basis of a contract for a policy issued by Princeton Insurance Company. I authorize the release and exchange of any underwriting or claims information between all prior carriers and the Princeton Insurance Company.

Signature of Policyholder _____ Date _____

Policyholder

Policy

I understand that Princeton Insurance Company reserves the right to reject any applicant that does not meet its underwriting standards.

NOTICE TO NEW JERSEY APPLICANTS:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

28. Please check any of the following procedures that you or an allied health provider under your supervision performed in your practice:

- Abortions
 - Elective
 - <= 1st Trimester
 - >= 1st Trimester
 - Prescribe "morning after pill"
- Acupuncture
 - Therapeutic
 - General anesthetic
- Anesthesia - non-obstetrical
 - Conscious Sedation - In Office Setting
 - General
 - Spinal
 - Epidural
- Anesthesia - obstetrical
 - General
 - Spinal
 - Epidural
- Angiography
- Angiography / Stents
- Anti-aging procedures (other than the use of human growth hormone) (describe) _____
- Arteriography
- Arthroscopy
- Assist in Major Surgery (_____ % of total practice)
 - On own patients
 - On patients of others
- Bariatric surgery, types:
 - Roux-en-Y
 - Laproscopic
 - Other
 - Banding
 - Laproscopic
 - Other
 - Gastric Restricting, other (describe) _____
- Bone Fracture Reductions (open)
- Breast Biopsy
- Breast Implants (reconstructive)
- Breast Reduction
- Bronchoscopy
- Cardiac (interventional)
 - Angiography
 - Angioplasty
 - Catherization
 - Swan-Ganz
 - Right Heart (other than CVP lines)
 - Left Heart
 - Cardiac Electrophysiology
 - Permanent Pacemaker Insertion
- Chelation therapy (for other than heavy metal poisoning)
- Chemonucleolysis
- Chemotherapy
- Circumcision (on other than newborns)
- Colonoscopy
- Cosmetic Procedures
 - Botox Injections
 - Breast Implants
 - Chemical peels
 - Chemabrasion

- Collagen Injections
- Cryosurgery (superficial)
- Dermabrasion
- Eyeliner pigmentation
- Fat Transfer
- Hair Transplants and / or restorations
- Laser Hair Removal
- Laser Skin Resurfacing
- Liposuction
 - Tumescant
 - Ultrasound-assisted
 - < 3500cc volume
 - > 3500cc volume
- Mesotherapy
- Microdermabrasion
- Phalloplasty (or penile implant)
- Silicone Injections
- Other (describe): _____
- D & C
- Dermatological Surgery
- Dermatopathology
- Dialysis
 - Hemo
 - Peritoneal
- Echocardiography
- Electrocardiography
- Emergency Medicine
- Encephalography
- Endoscopic Laser Therapy
- EGD
- ERCP
- Exchange Transfers in Newborns
- Hospitalist Services (_____ % of total practice)
- Hyperbaric Medicine
- Intensivist Services (_____ % of total practice)
- Interventional Nephrology (list procedures): _____
- Natural Orifice Surgery (NOS) (list procedures): _____
- Laparoscopy (list procedures): _____
- Lithotripsy
- Laser Surgery
- Major Surgery (category)
 - Cardiac
 - Cardio-vascular
 - Colorectal
 - General
 - Gynecology
 - Head & Neck
 - Elective Cosmetic
 - Laryngology
 - Otolaryngology
 - Rhinology
 - Hand
 - Neuro
 - Organ Transplant
 - Ophthalmology
 - Orthopedic
 - Joint Replacement
 - Hip Nailing
 - Hip Resurfacing
 - Microsurgery

- Plastic
- Spine
- Thoracic
- Vascular
- Other (list): _____
- Mammography
- Myelography
- Neonatology
- Obstetrics
 - Vaginal Deliveries with Instrumentation
 - C-Sections
 - VBAC
- Osteopathic Manipulative Therapy
- Pain Management
 - Cordotomies
 - Cryoanalgesia
 - Doral Column Stimulator
 - Implants / Reprogramming
 - Intra-Articular Block (joint injection)
 - Intradiscal Electrothermal Therapy
 - Medication Only
 - Myofascial Trigger Point Injections
 - Nerve Root Injections
 - Regenerative Injection Therapy (prolotherapy)
 - Rhizotomy
 - Spinal Infusion Pump Refilling/Reprogramming
 - Spinal Stimulation Programming
 - Stellate Ganglion Block
 - Block (spine & non-spine excluding stellate ganglion block)
- Pedicle Screws for Spinal Surgery
- Polypectomy
- Pneumoencephalomyelography
- Prenatal Care
- Radiology
 - Therapeutic
 - Diagnostic
 - Interventional (list procedures): _____
- Radiopaque Dye Injections (into blood vessels, lymphatics, sinus tracts, or fistulae)
- Rapid Opiate Detoxification
- Refractive Surgery
 - LASIK PRK
 - AK PTK
 - ICR
- Sclerotherapy
- Shock Therapy
- Sterilization Procedures
- Tonsillectomy / Adenoidectomy
- Transgender surgery and / or hormonal gender conversion
- Urgent Medical Care
- None of the above apply to my practice. _____
- Other Procedures (List) _____

(Please initial)