

PROFESSIONAL LIABILITY INSURANCE PLAN APPLICATION

Allied Health Purchasing Group Association For Employers and Self-Employed Members

HOW TO APPLY:

1. Complete application below.
 2. Note the premium below for the policy you selected.
All premiums are annual.
 3. Return your completed application, along with your annual premium, to the address provided.
- All coverages elected must be under the same policy limits. Coverage is effective the date your application is approved and payment is received. Please allow three to four weeks for delivery of your certificate. **Please print or type all information.**

FLORIDA & NEW JERSEY RESIDENTS DO NOT USE

APPLICANT INFORMATION (Applicant Must Complete)

BUSINESS/CORPORATE NAME/DBA/YOUR NAME, IF NOT INCORPORATED

FEDERAL TAX I.D. #

NAME OF OWNERS, PARTNERS AND CORPORATE OFFICERS WHO ARE ACTIVE IN THE BUSINESS AND THEIR PROFESSIONAL OCCUPATION

PHYSICAL STREET ADDRESS (NO P.O. BOXES PLEASE)

CITY

STATE

ZIP

BUSINESS PHONE #

FAX #

HOME PHONE#

DATE OF BIRTH

MEMBERSHIP #

E-MAIL ADDRESS

Check one: Individual Corporation Partnership Other (specify) _____

Limits of liability: \$2,000,000 per incident/occurrence/\$4,000,000 annual aggregate
 \$1,000,000 per incident/occurrence/\$3,000,000 annual aggregate

SELF EMPLOYED INDIVIDUALS AND BUSINESS APPLICANTS

ANNUAL LIMITS AND PREMIUMS

\$2,000,000 per incident/occurrence
\$4,000,000 annual aggregate

\$1,000,000 per incident/occurrence
\$3,000,000 annual aggregate

1. PROFESSIONAL LIABILITY COVERAGE

May be an individual, a partnership, a personal corporation, or using a D/B/A ("Doing Business As"). The premium must be paid for each owner, each partner or each active corporation officer is based on the coverage plan selected above:

of Owners, Partners or Officers # _____ @ \$372.00 each _____ @ \$318.00 each _____

2. PROFESSIONAL LIABILITY-EMPLOYEE

This must be purchased for each professional employee.

of Professional Coders # _____ @ \$98.00 each _____ @ \$84.00 each _____

3. ADDITIONAL INSURED COVERAGE:

List each facility (on reverse side) that requires you by contract to name them as an additional insured. # _____

\$183.00 each _____ \$156.00 each _____

4. GENERAL LIABILITY

Each LOCATION must be listed on the reverse side.

1ST LOCATION \$140.00 each _____ \$120.00 each _____

EACH ADDITIONAL LOCATION \$59.00 each _____ \$50.00 each _____

TOTAL ANNUAL PAYMENT \$ _____ \$ _____

BE SURE TO COMPLETE ALL PAGES 

1. Have you or any of your employees ever had the following: revoked, suspended, refused, denied renewal, placed on probation, cancelled, or voluntarily surrendered by you or any of your employees or is such an action pending? (If Yes, explain on a separate sheet of paper, please include dates and details.)

State License or Certification YES NO
Malpractice Insurance** YES NO

****Notice to Missouri Residents:** This question does not apply.

2. Has any claim or suit ever been brought against you or any of your employees or are you or any of your employees aware of any incident that might reasonably lead to a claim or suit? (If Yes, explain on a separate sheet of paper, please include dates, allegations and amounts.)
 YES NO

I understand that I am not covered by this insurance if I render or fail to render any professional services as the following: physician, surgeon, dentist, sonographer, colon therapist, nurse midwife, chiropractor, podiatrist, osteopath, cytotechnologist, perfusionist, electroneuro-diagnostic technologist or psychiatrist. I understand that these professional occupations are excluded from coverage. I understand that this insurance will not apply to any partner, principal or owner of a residential/overnight facility. The insurance described herein is subject to the terms, conditions and exclusions of the insurance certificate. In order to enhance the stability of this professional liability insurance program, coverage has been organized through a purchasing group, pursuant to legislation, known as the Federal Liability Risk Retention Act of 1986, enacted by Congress. Coverage is provided to the purchasing group by the Chicago Insurance Company, a member of the Interstate National Corporation, one of the Fireman's Fund Insurance Companies. Once the completed application has been approved and the premium has been received, you will automatically become a member of the Allied Health Purchasing Group Association located and domiciled in Illinois and obtain the insurance coverage afforded through the Group Policy on an annual term.

This application is subject to the underwriter's approval. Your completion of this application and premium payment does not bind coverage or obligate the insurance company to issue you insurance coverage. Coverage will become effective upon receipt of your acceptable application and premium payment. Your application cannot be processed unless it is completed in its entirety. The application is subject to the company's underwriting rules.

I declare the information contained in the application is true and that no material facts have been suppressed or misstated. I understand that incorrect information could void the protection. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

New York 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 shall be subject to civil penalty not to exceed five thousand dollars and that stated value of the claim for each such violation.

YOU MUST SIGN AND DATE THIS APPLICATION

Signature _____ Date _____

Enclosed is my check for \$ _____ Effective Date Desired* _____

Make check payable to Marsh/Seabury & Smith and return your check and this application in the envelope provided.

*May not be earlier than the date the administrator receives and approves this application.

I authorize Marsh/Seabury & Smith to charge my: VISA MasterCard Amount \$ _____

Credit Card Number _____ Expiration Date _____

Print name exactly as it appears on card _____

INFORMATION FOR EMPLOYERS

Description of Coverages

1. PROFESSIONAL LIABILITY

You are covered for Professional Liability Insurance as a self-employed procedural coder whether you are working as an individual, with or without a business name for your professional work; engaged in a legal partnership, or if incorporated, if you are using a business name or are incorporated, the trade name or corporation will be designated as the insured. Each member of the partnership or officer of the corporation is included. (An association for the sharing of space is not considered a legal partnership.)

2. EMPLOYEE COVERAGE

Your professional coder employees are automatically covered in your insurance as insureds, and full protection will be provided for each such employee while acting on behalf of the employer. A premium must be paid for each employee active in the business.

3. ADDITIONAL INSURED COVERAGE

This extension coverage is applicable when contracts you may have with hospitals, nursing homes or extended care facilities or physicians' offices, require you to add these institutions as additional insureds. Most facilities ask you to merely show proof of coverage for which there is no charge. Please read your contracts carefully to be certain that you are required to purchase additional insured coverage. Be sure to list the full names and addresses of each facility in section #3 below. This will protect the facility from any claims against them, arising out of the sole negligence of the persons insured under the provisions of this certificate. You should only purchase this if the facility requires you to provide it.

4. GENERAL LIABILITY

This coverage extension is needed if you rent, lease or own space where you practice your profession. This protects you against non-professional claims for bodily injury and property damage that may occur on or about the premises. Please list the complete name and address of each location in section #4 below.

LIST NAMES AND ADDRESSES OF INDIVIDUALS AND/OR FACILITIES TO BE COVERED UNDER APPROPRIATE ITEMS ABOVE:

#3 – Additional Insured Coverage

#4 – General Liability Coverage

If additional space is needed, please use separate sheet.

In order to enhance the stability of the program, the Professional Coders Professional Liability Program has been organized as a risk purchasing group, located and domiciled in Illinois, to take advantage of legislation enacted by Congress known as the Federal Liability Risk Retention Act of 1986. Coverage will be provided to the purchasing group by the Chicago Insurance Company, one of the Fireman's Fund Insurance Companies. Approval of a completed Application and premium will entitle you to immediate membership in the Allied Health Purchasing Group Association, and the insurance coverage obtained through the group on an annual term.

Mail this application along with your annual premium (payable to Marsh/Seabury & Smith) to:

Administrator:

MARSH

Affinity Group Services
a service of Seabury & Smith

Joan F. O'Sullivan, Licensed Agent
75 Remittance Drive, Suite 1788
Chicago, IL 60675-1788
Toll-Free: 1-800-503-9230
www.seaburychicago.com
CA-0633005

Underwritten by:

Chicago Insurance Company
One of the Fireman's Fund Insurance Companies®