



**Florida Doctors Insurance Company
Healthcare Facility Professional Liability
Cardiac Procedure Supplement**

The supplement is not a complete application for insurance. It must be submitted in conjunction with Florida Doctors Insurance Company's Healthcare Facility Professional Liability Insurance Application and all other required information.

Facility Name: _____

The data provided should be projected for the 12 months to be covered under the policy.

Type of Service Provided	# Surgeries / Procedures	Type of Service Provided	# Surgeries / Procedures
Electrocardiography (EKG)		Angioplasty (PCTA)	
Echocardiography		Stents	
Stress Tests		Pacemaker/Defibrillator Insertion	
Upright Tilt Table Test		Atherectomy	
Cardioversion		Valvuloplasty	
Carotid Ultrasound		Ablation – Non Surgical	
Pacemaker/Defibrillator Interrogation		Intravascular Ultrasound	
Cardiac Catheterization		Rotablator Procedure	
Angiography / Arteriography			
Other (describe):			

SUPPLEMENTAL WAIVER AND RELEASE

As authorized representative for the facility, I hereby acknowledge that the foregoing information constitutes a part of my application for insurance with Florida Doctors Insurance Company (FLDIC). If accepted, I understand that insurance is being issued upon reliance of the truth of my representations. If it is determined that I failed or refused to disclose any relevant fact or information or misled, defrauded or lied to FLDIC, I understand that the policy shall be null and void. However, unintentional errors or omissions do not affect my rights under the policy, if issued. I understand that no insurance will be afforded unless and until a complete application is accepted by FLDIC and the facility is notified of said acceptance.

Signature of Authorized Representative

Date

Printed Name of Authorized Representative

Title of Authorized Representative

This application form duly completed together with any supplementary information must be signed in ink by an authorized representative of the applicant. A signature on the form does not bind the applicant or FLDIC to complete the insurance.

(A photostat copy of this authorization shall be considered as effective and as valid as the original.)

FLORIDA DOCTORS INSURANCE COMPANY
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