



Shareholder and Employee Practice Information

11. Select from the following Surgical Procedure List all procedures that a shareholder or employed physician performs:

<u>Shareholder</u>				<u>Employed Physician</u>				
A	B	C	D	E	F	G	H	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Minor Surgery OTHER THAN incision of boils and superficial abscesses or suturing of skin and superficial fascia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assisting in major surgery on YOUR OWN patients
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assisting in major surgery OTHER THAN your own patients
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Major Surgery
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Normal Obstetrical procedures NOT considered to be major surgery
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plastic Surgery – reconstructive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plastic Surgery – cosmetic

12. Select from the following Techniques or Procedures List all techniques or procedures that a shareholder or employed physician performs:

<u>Shareholder</u>				<u>Employed Physician</u>				
A	B	C	D	E	F	G	H	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acupuncture (other than acupuncture anesthesia)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Angiography, or Arteriography, or Catheterization – arterial, cardiac or diagnostic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discograms
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Myelography
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pneumoencephalography
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lymphangiography
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phlebography
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Colonoscopy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Endoscopic Retrograde Cholangiopancreatography
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pneumatic or mechanical esophageal dilation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Laparoscopy (Peritoneoscopy)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radiation Therapy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lasers – Used in therapy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shock Therapy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Needle Biopsy – Including lung and prostate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radiopaque Dye Injections into blood vessels, lymphatics, sinus tracts or fistulae
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	See patients during the first and second trimester of pregnancy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	See patients during the third trimester of pregnancy

Dentists Only – Shareholder and Employed Dentist

13. Select from the following Dental Techniques or Procedures List that any shareholder or employee performs:

<u>Shareholder</u>				<u>Employed Dentist</u>					
A	B	C	D	E	F	G	H		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dental Implants	How many per year? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Removal of bone impacted wisdom teeth	How many per year? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Removal of tissue impacted wisdom teeth	How many per year? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform operative dentistry on patients rendered unconscious on or off your premises, through the administration of any anesthesia.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform general dentistry on patients under the influence of an intravenous or intramuscular sedation, but not designed to render the patient unconscious.	



Other Employee Information

14. Select from the following list the employees of the Partnership, Corporation or Association

- A. As a Corporation, I (we) have NO employees or contractors
- B. As a Corporation, I (we) HAVE employees and/or contractors (Complete 14C)
- C. Additional employee charge applies to all Corporations employing the following: *Exceptions: No Charge for contractors*

	# Employed	# Contracted
1. Certified Nurse Midwife / Licensed Midwife	_____	_____
2. Nurse Practitioner	_____	_____
3. Assistant – Physician/Surgeon	_____	_____
4. Nurse Anesthetists	_____	_____
5. Radium Technicians	_____	_____
including diagnostic x-ray, lab or pathological	_____	_____
6. Radiation Therapy Technicians	_____	_____
7. Physical Therapist	_____	_____

If you have selected any employees from the list at left you must complete their practice information below.

Employee Practice Information

Names of Employed Midwives

Number of births (previous 12 month period)

Names of Nurse Practitioners or Nurse Anesthetists

Specialty

Names of licensed Physician/Surgeon Assistants

Specialty

Names of Radium / Radiation Techs, Physical Therapists or Chiropractors

Specialty

IMPORTANT

We authorize the release and exchange of information involving, but not limited to, claim matters between our professional society or association, previous insurance carrier, hospital or clinic and the Florida Medical Malpractice Joint Underwriting Association.

We understand and agree that any policy, binder or other agreement for the insurance herein applied for will be subject to the following provisions:

Assessable Policy Provision

This policy has been issued by the company under the temporary joint underwriting plan established by The Medical Malpractice Reform Act of 1975 (Chapter 75-9, Laws 1975) and is subject to the provisions of the Act. The Act provides, and the named insured agrees, that in the event an underwriting deficit exists at the end of any year the joint underwriting plan is in effect, the named insured shall pay to the company a premium contingency assessment not to exceed one third of the annual policy premium payment paid by the named insured to the company. The named insured further agrees that any assessment shall be made at the direction of the Board of Governors of the company. The act further provides that the company shall cancel the policy of any policyholder who fails to pay the premium contingency assessment.

Participating Policy Provision

The named insured shall participate in the earnings of the company, to such extent and upon such conditions as shall be determined by the Board of Governors of the company in accordance with law and as made applicable to this policy, provided the named insured shall have complied with all the terms of this policy with respect to the payment premium.

Application Fraud Provision

Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

Binding Authority Provision

An authorized agent may immediately bind coverage on behalf of the Florida Medical Malpractice Joint Underwriting Association, but only upon the agent's receipt of both: 1) a fully completed application and 2) the appropriate premium payment.

The foregoing answers and statements are complete and correct to the best of my knowledge and belief.

Signature of Applicant

Professional Designation

Date of Signature

IMPORTANT: This application must be signed by both the applicant and the producer

Signature of Producer

2-20 License Number

Date of Signature

Phone #: _____

Name of Agency/ Independent Agent

Fax#: _____

E-Mail: _____

Agency Mailing Address

City

State

Zip

Assigned Servicing Carrier: The Medical Protective Company