

Bill Beatty Insurance Agency, Inc.
Advanced Practice Nurses Medical
Professional Liability Application (02.10)

FULL NAME OF APPLICANT	DATE OF BIRTH	PROF. LICENSE NUMBER
____ INC. or ____ DBA		
and/or		
BUSINESS NAME (IF SELF EMPLOYED)	EMPLOYER NAME IF EMPLOYED	
APPLICANTS MAILING ADDRESS	HOME TELEPHONE NUMBER	/ FAX NUMBER
CITY	STATE	ZIP
BUSINESS TELEPHONE NUMBER/ REQUESTED EFFECTIVE DATE		

***** FOR NEW AND RENEWAL APPLICANTS –ALL QUESTIONS MUST BE ANSWERED TO OBTAIN APPROVAL AND TO AVOID DELAY*****

- 1) Are you an ...
 - Employed Nurse Practitioner
 - Self- Employed Nurse Practitioner
 - Employed **and** Self- Employed Nurse Practitioner
 - CNS Clinical Nurse Specialist **with** prescriptive and/or medical diagnostic authority
- 2) Are you: A Nurse Midwife ____ Yes ____ No A Nurse Anesthetist? ____ Yes ____ No (if yes to either, coverage is not available)
- 3) Do you perform any cosmetic procedures such as botox injections, microderm abrasion, micropigmentation, or laser hair removal?
 ____ Yes ____ No (If yes, you are not eligible for coverage under this policy.)
- 4) What percentage of your, or your employees and/or independent contractors work week is related to services provided at or on behalf of a Nursing Home, Assisted Living facility or Long-Term Assisted Living Facility? ____ %
- 5) Do you work at or for a county hospital? ____ Yes ____ No If you are an employee of a governmental unit and a claim is brought against you as an employee of that governmental unit, such a claim is subject to a limit of liability of \$100,000.
- 6) Do you own a home health or staff relief agency? (if yes, a different application is required) ____ Yes ____ No
- 7) Has your license ever been suspended, revoked, cancelled, non-renewed, put on probation or voluntarily surrendered? ____ Yes ____ No
- 8) Have you ever had a claim made or suit brought against you or are you aware of any professional incident that might reasonably lead to a claim or suit? ____ Yes ____ No
- 9) Has your professional liability insurance ever been suspended, revoked, cancelled or non-renewed? ____ Yes ____ No

If the answer to any of the above questions is yes, please explain on a separate sheet.

Carefully review the following sections before completion.

Please mark for your selection of LIMITS AND RATES within that SPECIALITY GROUP.

	LIMITS & RATES (ANNUAL PREMIUM)	
Per occurrence	\$100,000/	\$200,000/
aggregate	\$300,000	\$600,000

EMPLOYED & SELF EMPLOYED Professional & Supplemental Liability Insurance

OBSTETRICS (full-time or part-time).....	___	___ \$1,800	___ \$1,907
PEDIATRIC OR FAMILY NURSE (CIRCLE ONE)			
20 hours per week or less.....	___	___ \$731	___ \$775
more than 20 hours per week.....	___	___ \$1,462	___ \$1,549
PSYCHIATRIC NURSE			
20 hours per week or less.....	___	___ \$563	___ \$596
more than 20 hours per week.....	___	___ \$1,125	___ \$1,192
ALL OTHERS			
20 hours per week or less.....	___	___ \$394	___ \$417
more than 20 hours per week.....	___	___ \$787	___ \$834

This is not the end. Signature required on back.

Per occurrence aggregate	\$100,000/ \$300,000	\$200,000/ \$600,000
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ADDITIONAL COVERAGES (For Self-Employed ONLY - choose the same limit as Professional Liability.)

NUMBER OF EMPLOYEES (please call our office for Nurse Group Questionnaire)		
RN's, LVN's, Aides & Assistants	___ @ \$206	___ @ \$218
OTHER NON CLERICAL: Please call for rates.	___ @ \$___	___ @ \$___
List by job titles _____		
GENERAL LIABILITY first location	___ \$80	___ \$85
Each Add'l location – provide addresses on separate sheet, exclude patient residences	___ \$34	___ \$36
ADDITIONAL INSURED'S COVERAGE		
Premium is for each owner or facility under contract for whom you must provide coverage. (Please provide name and address of each on a separate sheet)		
GENERAL LIABILITY ONLY	___ \$17	___ \$18
PROFESSIONAL LIABILITY ONLY	___ \$84	___ \$89
PROFESSIONAL & GENERAL LIABILITY	___ \$101	___ \$107

All applicants sign and date below:

I understand that I am not covered by this insurance if I am any of the following: Physician, Surgeon, Dentist, Nurse Midwife, Chiropractor, Podiatrist, Acupuncturist, Nurse Anesthetist, Osteopath, Psychiatrist, Cytotechnologist, Sonographer, Perfusionist, or Electroneurodiagnostic Technologist. I understand that these professions are excluded from this 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 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 Retention Act of 1986, enacted by Congress. Coverage is provided to the purchasing group by Chicago Insurance Company, a member of 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 National Nurses 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 underwriter's approval. Your completion of this application and premium payment does not bind coverage or obligate the insurance company to issue you coverage. Coverage will become effective following the 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 containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent act, which is a crime, and may void coverage.

Applicant Signature _____ **Amount Enclosed \$** _____ **Date** _____

COVERAGE IS SUBJECT TO COMPANY APPROVAL

Please allow 2 to 3 weeks delivery of your certificate of insurance.
 Make check payable to: Bill Beatty Insurance Agency, Inc. – 1202 Richardson Drive, Suite 100, Richardson, Texas 75080
 972/644-4281 or 800/451-8358 - Fax 972/437-3759

This brochure contains only a summary of the policy provisions. If any conflict exists with the actual policy, the terms of the policy control.

Bill Beatty

Insurance Agency, Inc.

Underwritten by:
Chicago Insurance Company
 Chicago, Illinois

One of the Interstate Insurance Companies, a subsidiary of the Fireman's Fund Insurance Companies.

Thank you for doing business with a Texas agent providing medical professional liability insurance since 1962.