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ACOEM Professional Liability Program writeNOW! Application

The ACOEM writeNOW! is a program for providing coverage for your professional liability services as a corporate medical director. This program is not designed to replace any medical professional liability policy for the direct patient care and treatment in a private practice setting.

PROGRAM QUALIFICATIONS

- Active membership in ACOEM for at least one year.
- Licensed as an M.D. or D.O. with license in good standing.
- No prior medical professional liability claims
- No employees other than clerical/administrative
- No direct patient care in excess of 15% of total services as a corporate medical director
- No prescriptions as a medical corporate medical director of FDA Schedule I, II or III drugs
- Primary medical professional liability coverage with limits of \$1m/\$3m or warranty that there is no direct patient care other than what is expected as a corporate medical director.

HOW TO PURCHASE THIS INSURANCE

1. Complete all questions on the ACOEM writeNOW! Application.
2. Sign and date the application. (must be within 90 days prior to binding)
3. Select coverage and calculate premium on page 4
4. Return all of the above to your broker along with the premium (Premiums should include state taxes, policy issuance fee and any applicable broker fee).

Section One – Applicant Information

1. Name of Applicant: _____
(as it should appear on the policy)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Web Site: _____ No. of years in practice: _____

2. Degree: _____ Specialty: _____

License Number: _____ State: _____

Medical School: _____

Residency: _____

Board Certified: _____
(if yes indicate specialty and certification date)

3. ACOEM Membership Number: _____ Expiration Date: _____

4. Scope of Coverage: *(choose one)*

<input type="checkbox"/> Basic Professional Liability (including Contingent BI/PD Coverage) ACOEM member performing services: IME's, Expert Witnessing, Records Review, and Case Management as either primary occupation or side endeavor. There is no medical protocol established nor any direct patient care or treatment for this particular class. <input type="checkbox"/> Contractor <input type="checkbox"/> Employee	<input type="checkbox"/> Basic Professional Liability for Corporate Medical Directors (including Contingent BI/PD Coverage) ACOEM member performing services: IME's, Expert Witnessing, Records Review, and Case Management on a side basis, as well as primary work as a Corporate Medical Director establishing occupational and environmental health and wellness policy as either an IC or an employee. Health and wellness policy and protocol may be established, but there is no direct patient care. <input type="checkbox"/> Contractor <input type="checkbox"/> Employee	<input type="checkbox"/> Special Professional Liability (including Contingent BI/PD Coverage with Miscellaneous Medical Services) Includes some or all of the services in the other classifications, as well as the limited medical care, treatment and/or prescriptions such as prescribing of antibiotics for foreign travel, work-related physicals. Coverage does not include any primary care services or ongoing patient treatment for work related injuries. <input type="checkbox"/> Contractor <input type="checkbox"/> Employee
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Is there a written protocol for documenting and referring workers to their primary care provider if health concerns are noticed during routine examinations? N/A Yes No

Do you have responsibility to make the final determination as to whether and/or how a program is implemented? N/A Yes No

Within the scope of coverage requested, do you prescribe any of the following?

FDA Schedule I Drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No
FDA Schedule II Drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No
FDA Schedule III Drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No
FDA Schedule IV Drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No
FDA Schedule V Drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: If as a corporate medical director your are prescribing FDA Schedule I, Schedule II or Schedule III drugs then coverage cannot be bound per the terms and conditions of this program.

Section Two – Warranty Statements

- | | | |
|---|------------------------------|-----------------------------|
| 1. Are you an active member of ACOEM in good standing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you been a member of ACOEM for at least 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are you a licensed as an M.D. or D.O.? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is your medical license active and in good standing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Is there any direct patient care in excess of 15% of total services as a corporate medical director? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Do you have any employees other than clerical or administrative? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have you ever been the subject of investigative or disciplinary proceedings or reprimanded by a governmental agency, hospital or professional association? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Has any claim or suit for alleged malpractice been ever brought against you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Has any claim or suit for alleged malpractice been ever brought against you that has not been reported to any current or prior insurance carrier? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Are you aware of any acts, errors, omissions or circumstances which may result in a malpractice claim or suit being brought against you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Do you delegate services to any third-party? <i>(If yes, please describe)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

For questions 5-11, if the answer is “Yes”, coverage cannot be bound as per the terms and conditions of this program. If you desire an indication outside the program, please provide the details for the “Yes” answers.

The applicant agrees to maintain professional liability limits of \$1m/\$3m or warranty that there is no direct patient care other than what is expected as a corporate medical director.

- I agree to maintain professional liability with limits of \$1,000,000 per claim and \$3,000,000 in the aggregate for all claims.
- I warrant that there is no direct patient care other than what is expected as a corporate medical director and that such medical care will not exceed 15% of my total services as a corporate medical director.

Section Three – Notice to the Applicant

The undersigned warrants and represents that, to the best of his or her knowledge, the statements herein are true and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application. It is represented that the particulars and statements contained in the Application, and any materials submitted (which shall be on file with the Insurer and shall be deemed attached, as if physically attached) are the basis for the proposed insurance and are to be considered incorporated into and constituting a part of the proposed insurance.

The Undersigned agrees that in the event this Application contains misrepresentations or fails to state facts materially affecting the risk assumed by the Insurer, any insurance issued shall be void in its entirety. The undersigned agrees that if after the date of this Application and prior to issuance of any insurance, any occurrence, event or other circumstance should render any of the information contained in this Application inaccurate or incomplete, the undersigned shall notify the insurer of such occurrence, event or circumstance and shall provide the Insurer with information that would complete, update or correct the information contained in this Application. Any outstanding quotations may be modified or withdrawn at the sole discretion of the Insurer.

The Applicant understands that coverage is offered on a claims made basis for services as a corporate medical director. This policy is not portable to any other medical services the applicant may offer on either a commercial or private basis.

The Insurer is hereby authorized to make an investigation and inquiry in connection with this Application as it may deem necessary.

Signed: _____

Date: _____

Printed Name: _____

RATES ARE VALID THROUGH January 1, 2011

Coverage Selection – (Circle options desired):

	<input type="checkbox"/> Option 1 Basic Professional Liability	<input type="checkbox"/> Option 2 Basic Professional Liability for Corporate Medical Directors	<input type="checkbox"/> Option 3 Special Professional Liability
Per Insured Event Limit:	\$1,000,000	\$1,000,000	\$1,000,000
Deductible (per claim):	\$2,500	\$2,500	\$2,500
Premium:	\$2,500	\$3,000	\$4,000
State Taxes & Fees:	\$ _____	\$ _____	\$ _____
\$100 Policy Issuance Fee*:	\$ _____	\$ _____	\$ _____
Broker Fee:	\$ _____	\$ _____	\$ _____
TOTAL PREMIUM:	\$ _____	\$ _____	\$ _____
<i>* Note policy issuance fee is non-refundable</i>			

Requested Effective Date (no backdating): _____

Endorsements to be issued with policy: Nuclear Incident exclusion
 War and Civil War exclusion
 Minimum Earned Premium 50%
 Warranty primary medical professional liability coverage with limits of \$1m/\$3m with an "A" rated carrier or warranty that there is no direct patient care other than what is expected as a corporate medical director.
 Amended definition of managed care services endorsement
 Direct patient care (unless option 3 is selected) exclusion