

DIAGNOSTIC RADIOLOGY FACILITY

**PROFESSIONAL & COMMERCIAL GENERAL LIABILITY INSURANCE
APPLICATION**

Name of Insurance Company

To Which Application is Made: _____
(hereinafter, "Company")

This is an application for Professional & Commercial General Liability Insurance coverage written on a Claims Made basis. Coverage is limited to liability for claims first made against an Insured and reported to us during the policy period or any applicable Extended Reporting Period immediately after the expiration of the policy period. Please review the policy carefully and discuss the policy with the applicant's insurance representative. If a policy is issued, the application will become part of the policy as if physically attached. Therefore, it is necessary that all questions be answered accurately and completely. If the applicant needs more space for responses, continue on a separate sheet of the applicant's letterhead and indicate the question number to which the answer applies. This form must be completed, dated, and signed by a principal of the applicant's facility.

I. GENERAL INFORMATION

1. Corporate Entity Name (include d/b/a):

2. Type of practice

3. Operates as:

4. a. Years in operation:
b. If less than 3 years, please provide the number of years of Owner(s) experience:

5. Federal Tax I.D No.:

6. Business Address:
7.

	Street	City	State	Zip
	Street	City	State	Zip

8. Business Telephone Number: Business Fax:
(Area Code)

9. Email Address: Website:

10. Reporting/Fiscal Year Start Date:

11. Requested effective date: Retroactive date:

II. COVERAGE INFORMATION

Retro Date for Claims Made

1. Requested Coverage:

2. Limits of Liability

*Professional Liability and General Liability Limits must be the same, but apply separately.

3. Deductible (applies separately to Professional Liability and General Liability)

4. If the applicant is requesting coverage for Employee Benefits Administration Liability, indicate the number of employees currently employed by the applicant.

5. Current Coverage

Coverage	Coverage Type	Effective Date	Retroactive Date (CM Only)	Limits of Liability	Deductible	Premium
Professional Liability						
General Liability						

6. If the applicant is requesting coverage for more than one location, please indicate the address(es) for additional location(s) to be covered under this policy.

Location Address	Service(s) Provided
Add more	

7. Is the applicant requesting coverage for currently employed physicians and/or physicians who have left the applicant's employment?

8. Is the applicant requesting coverage for Independent Contractors other than physicians? (Nurse Practitioner, Physicians Assistant, etc.).

9. If the applicant has answered "Yes" to question above, please indicate the name(s) and title(s) of each Employee or Independent Contractor to be covered under this policy.

Name	Licensed and/or Certified Specialty	Contracted or Employee?

III. DESCRIPTION OF OPERATIONS

1. Is the applicant's facility affiliated with a hospital?
2. Is the applicant's facility affiliated with an integrated delivery system?

Services:

3a. Please provide current and projected annual receipts; and current and projected # of annual procedures.

Services Performed	Current Year Annual Receipts	Projected 12 Months Annual Receipts	Current Year # of Procedures	Projected 12 Months # of Procedures
X-Ray				
Bone Scan				
Computed Tomography (CT) Scan				
Mammography				
Magnetic Resonance Imaging (MRI)				
Nuclear Medicine / Positron Emission Tomography (PET) Scan				
Single Photon Emission Computed Tomography (SPECT) scan				
Ultrasound				
Add Other (specify) and more				
<i>Totals</i>				

b. Does the applicant perform any of the following services?

- Angiography
- Breast sonography
- Fetal Echocardiogram
- Fluoroscopy
- Intravenous Pyelogram
- Radiation Oncology
- Sonoscreen
- Ultrasound guided Amniocentesis
- Other (Describe)

4. Does the applicant provide intravenous sedation for MRI's?
5. Does the applicant comply with all state licensing requirements for the applicant's facility?
License Expiration Date
6. Is the facility accredited by either of these organizations?

Radiologic Technologists (ARRT)?

IV. RISK MANAGEMENT/LOSS CONTROL

1. Please identify the applicant facility's Loss Control contact.
Name: _____ Title: _____

- 2a. Please select the frequency of the applicant facility's QI process for reviewing ultrasounds, x-ray films, and patient medical records.
 - b. Are only abnormal ultrasound findings and x-ray interpretations reviewed?
 - c. Is documentation maintained that indicates when reports are sent to the ordering physician?
 - d. Is there a procedure in place to ensure that reports are sent to the correct physician(s) office?
 - e. Are telephone conversations between the radiologist and ordering physician documented in the patient record?
 - f. Does the applicant have a peer review process in place?
 - g. Does the applicant have a formal credentialing process in place?
3. Does the applicant hold medical emergency drills?
4. Are any allied healthcare professionals trained in Basic Cardiac Life Support (BCLS)?
5. Are any physicians trained in Advanced Cardiac Life Support (ACLS)?
6. Does the applicant have in place an emergency plan in the event a patient should require transport to the nearest emergency department?
7. Does the applicant have a process in place for storage and retrieval of films and reports?
8. Are all hazardous chemical/solvents properly contained and disposed of according to OSHA standards?
9. Are regular radiation performance surveys conducted?
10. Are surveys conducted on all new or modified equipment to ensure that radiation levels stay below the maximum acceptable radiation limit?
11. Are there formalized job descriptions in place and written verification that each employee fully understands his or her job responsibilities?
12. Does the applicant utilize a pre-employment/screening procedure?

If "yes", please check all that apply:

 - a. Does the applicant check educational background, or residency program, when applicable?
 - b. Does the applicant check previous employers?
 - c. Does the applicant check personal references?
 - d. Does the applicant verify licenses?
 - e. Do the applicant verify any pending license suspensions or revocations, or any pending disciplinary actions?
 - f. Does the applicant perform a criminal background check?
 - g. Does the applicant perform drug and/or alcohol screening?
13. Concerning inspection and maintenance of all diagnostic equipment, does the applicant have on file:
 - a. A plan or contract that specifically identifies when inspections are to be held?
 - b. A log of dates/times of all inspections completed to date?
 - c. A file of all past and current corrective action measures taken to date as recommended?
14. Are manufacturer recommendations followed for all maintenance and repair of equipment?
15. Do all contractual agreements contain a hold harmless or indemnification clause?
16. Do the applicant require proof of insurance coverage prior to entering into any contractual agreement?

V. CLAIMS HISTORY

1. Have the applicant or any employee ever been the subject of a reprimand or disciplinary action or refused employment or admission to a professional society or had professional privileges suspended by any court or administrative agency or ever been the subject of any ethics investigation at local, state, or national level?

If "yes", please attach a separate sheet with full particulars.

2. Has any malpractice claim or suit ever been brought against the applicant or any employee?
3. Has any Insurance ever been cancelled or non-renewed?

NOTE: MISSOURI APPLICANTS DO NOT RESPOND

4. Is the applicant aware of any circumstances, accidents, or losses which have occurred after the Retroactive date that may result in a claim?
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The undersigned declares that the statements set forth herein are true. The undersigned agrees that if the information supplied on this application changes between the date of this application and the effective date of the insurance, he/she (undersigned) will immediately notify the company of such changes, and the Company may withdraw or modify any outstanding quotations, authorization, or agreement to bind the insurance.

Signing of this application does not bind the applicant or the Company to complete the insurance, but it is agreed that this application shall be the basis of the contract should a policy be issued, and it will be attached to and become a part of the policy.

All written statements and materials furnished to the Company in conjunction with the application are hereby incorporated by reference into the application and made a part hereof.

NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS AND NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

NOTICE TO ILLINOIS APPLICANTS: THE DISCOVERY OF ANY FRAUD, INTENTIONAL CONCEALMENT, OR MISREPRESENTATION OF MATERIAL FACT IN THE POLICY WILL RENDER THIS POLICY, IF ISSUED, VOID AT INCEPTION. THE DISCOVERY OF ANY FRAUD, INTENTIONAL CONCEALMENT, OR MISREPRESENTATION OF A MATERIAL FACT DURING A CLAIM WILL RENDER THIS POLICY, IF ISSUED, CANCELLED.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO 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 ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA 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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

Signature of Applicant: _____

Title: _____

Date: _____