

P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

## MEDICAL DIRECTOR PROFESSIONAL LIABILITY APPLICATION

1. Name of Ap	pplicant: _		
2. Mailing Ad	dress: _		
3. Location A	ddress:	(If multiple name and location	ons, please attach list)
4. Telephone l	Number:	Fax Num	nber:
5. a) Desired	Effective Date:		
b) Desired	Limits of Liabi	lity: \$/ \$	
c) Desired	Deductible: \$_		
6. Name of Or	rganization whe	ere applicant provides services as M	Medical Director:
7. Type of Org	ganization:		
8. Number of	Hours per weel	will be providing Medical Directo	or services:
9. Number of	years as Medic	al Director:	
			& organization describing the duties & responsibilits resume showing training & experience.
10. Exposure	Information for	Organization:	
Number of Beds:		Number of Outpatient Visits	s: Number of Ambulances:
	* *	ave or could they be called upon to eatment or consult in the treatment or	act within their capacity as a physician to treat, intervof any patient/client?
Yes	No		
If yes, please p	provide details	including how often such circumsta	ances occur:
If ves please i	provide details	of medical malpractice insurance &	x attach proof of coverage:



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12. ATTACH DE	TAILED EXPLANATION FOR ANY	Y ""YES"" ANSWERS:		
Has the applicant:		YES	NO	
	ubject of disciplinary or investigative l or administrative agency, hospital or			
b) Ever been conv other than traffic o	icted for an act committed in violation offenses?	n of any law or ordinance		
c) Ever been treate	ed for alcoholism or drug addiction?			
dispense narcotics	ate professional license or license to parefused, suspended, revoked, renewal special terms or ever voluntarily surren	l refused or		
13. Has any medic	cal malpractice claim or suit ever been	n made against you?		
Yes No	If yes, please attach details.			
14. Has any claim	or suit ever been made against you w	ith regards to services provi	ded as Medical Dir	rector?
Yes No	If yes, please attach details.			
15. Is the applican	t aware of any circumstances which n	nay result in any claim or su	uit?	
Yes No	If yes, please give full details.			
Application for Cl	aims-Made Professional Liability Inst	urance		
does not bind the to contract should a l	declares that to the best of his/her known undersigned to complete the insurance Policy be issued, and that this Applica by are authorized to make any investig	e, but it is agreed that this A tion will be attached and be	pplication shall be come part of such	the basis of the Policy, if issued.
person files an app	Y RISKS: Any person who knowing olication for insurance containing any nation concerning any fact material the	materially false information	or conceals, for th	e purpose of
Name of Applican	it:			
	Please Print	Title		
Signature:	Name	Date		
	(NOTE: Application must be signe	ed by the owner or president	or principal)	