



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

LOCUM TENENS AND CONTRACT STAFFING SUPPLEMENTAL APPLICATION
COMPLETE IN FULL INCLUDING SIGNATURES AND DATING BY THE PROVIDER, OWNER, PARTNER, OR OFFICER
NOT EARLIER THAN 45 DAYS BEFORE THE PROPOSED EFFECTIVE DATE OF COVERAGE.
ATTACH ADDITIONAL SHEETS AS NECESSARY.
ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

GENERAL INFORMATION

1)

Named Insured:			
Brokerage/Broker:			Agency/Agent:
Renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>			Policy Number:
Effective Date:			
Website:			

2)

Current/Most Recent Professional Liability Carrier Information:

Carrier:			
Limit of Insurance:			
Deductible:		Premium:	
Policy Term Dates:			
Offering renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	Claims made? Yes <input type="checkbox"/> No <input type="checkbox"/>	Retroactive date:	

Please attach copies of the following:

- a) Currently valued five year loss runs, including claim detail for all losses
- b) Copy of your current Professional Liability insurance Declarations Page (claims made policies must reflect the retroactive date and limits for retro continuity)
- c) A copy of all marketing materials, brochures, etc. if a website is not available

3)

Mailing Address: _____
City: _____ State: _____ Zip Code: _____

4)

Location Address: _____
City: _____ State: _____ Zip Code: _____

5)

Audit contact: _____
a. Phone number: _____
b. Email: _____

6)

Are you a(n): Corporation LLC
 Partnership: _____ Other: _____

7)

How long have you been in operation under this business name or any others (please provide any prior entities or additional entities/DBAs to be covered)? _____

a. How many years has your current management been in place? _____

- 8) Are your operations: Locum Tenens Contract Staffing Other: _____
- 9) How many employed or contracted providers do you currently have? _____
- a. How many are full time? _____
- b. How many are part time? _____

RECRUITMENT AND CREDENTIALING PROCEDURES

- 10) Do you have a designated corporate medical director? Yes No
- a. If yes, what is their name? _____
- a. How many years of experience do they have in this position? _____
- 11) Do you have an administrator who is designated to oversee recruiters and credentialers as well as the recruitment and credentialing process? Yes No
- a. If yes, please attach a copy of their CV/Resume.
- 12) How many provider recruiters and credentialers do you utilize?
- a. Please attach a description of the recruiter and credentialer training and their experience levels.
- b. How are the provider recruiters and credentialers organized?
- By State By Specialty Other: _____
- 13) Are there pre-established selection guidelines/protocols for recruiting providers as candidates for your organization? Yes No
- a. If yes, please attach a copy of these selection guidelines/protocols.
- 14) Are references listed by new applicants checked in writing? Yes No
- 15) Do you have an initial specified probationary period for all new hires? Yes No
- a. If yes, how long is the probationary period? _____
- 16) Does your organization have a formal peer review process? Yes No
- 17) Do you have a centralized record keeping system for medical staff credentialing and privilege delineation? Yes No
- 18) Does your organization have a formal risk management program? Yes No
- a. If yes, do you have a designated risk manager overseeing your operations? Yes No
- b. Who is your risk management contact? _____
- c. What is their email address? _____
- 19) Do you have any non-medical professionals associated with your organization? Yes No
- a. If yes, please describe: _____

LOCUM TENENS INFORMATION (complete only if you operate as a locum tenens organization)

20) Please complete the following table for your locum days and states of operation. For the purposes of this application, one locum day is equal to 10 hours:

Classification and Description	State(s)	Estimated Annual Locum Days Next 12 Months	Annual Locum Days Last 12 Months	Annual Locum Days 2 Years Prior
Class 1 – Allied Providers & Physicians – No Surgery – Level I: General Dentists including minor procedures/sedation, CRNAs, Nurse Practitioners, Physician Assistants				

Class 2 – Physicians – No Surgery – Level II: Pathology, Dermatology, Occupational Medicine, Physical Medicine and Rehab, Psychiatry				
Class 3 – Physicians – No Surgery (invasive procedures limited to incision of boils or suturing of skin; no Obstetrics) – Level III: Dermatology, Geriatrics, Gynecology, Otorhinolaryngology, Family Physician/General Practice, Hematology, Nephrology, Pediatrics, Podiatry, Anesthesiology, Cardiovascular Disease, Hospitalist, Internal Medicine, Oncology				
Class 4 – Physicians – Minor Surgery and Invasive Procedures: Correctional Medicine, Endocrinology, Gastroenterology, Gynecology, Infectious Disease, Neonatology, Ophthalmology, Pain Management, Podiatry, Urgent Care, Oral Surgery, Family, Physician/General Practice (no Obstetric), Hematology, Infectious Disease, Intensive Care Medicine, Internal Medicine, Neurology, Otorhinolaryngology, Pathology, Pulmonary Medicine, Diagnostic Radiology (excluding Mammography)				
Class 5 – Surgery – Level I: Cardiovascular Disease (minor surgery), Dental Anesthesia, Neurology (minor surgery), Diagnostic Radiology (minor surgery), Emergency Medicine (no surgery), Colon and Rectal, Gastroenterology, Otorhinolaryngology (excluding Plastic), Radiology (including Mammography), Urological				
Class 6 – Surgery – Level II: Cosmetic, Family Physician/General Practice (including Obstetric), Gynecology, Hand, Head/Neck, Otorhinolaryngology (including Plastic), Plastic not otherwise classified				
Class 7 – Surgery – Level III: Emergency Medicine, Orthopedic (excluding Spine), General Surgery not otherwise classified				
Class 8 – Surgery – Level IV: Cardiovascular Disease, Thoracic, Trauma, Vascular, Abdominal, Orthopedic (including Spine)				
Class 9 – Surgery – Level V: Obstetrics, Neurology				

- 21) Have there been any changes in your available specialties in the last two years? Yes No
a. If yes, please attach an explanation.
- 22) Do you have any planned changes in your available specialties in the next 12 months? Yes No
a. If yes, please attach an explanation.

CONTRACT STAFFING INFORMATION (complete only if you operate as a contract staffing organization)

23) Please complete the following table indicating where services are rendered, medical specialty, and number of providers:

Name and Address of Facility Where Services Are Rendered	Type of Facility (Hospital, Clinic, etc.)	Medical Specialty(ies)	Number of Providers

24) Please attach a copy of your provider roster, including contract/hire and termination date (if applicable).

25) Estimated annual number of emergency room visits over next 12 months: _____

26) Annual emergency room visits last 12 months: _____

27) Estimated annual number of clinic visits over next 12 months: _____

28) Annual clinic visits over last 12 months: _____

COVERAGE AND LOSS HISTORY

29) Has any licensing authority taken any action against you or any of your employees? Yes No

If yes, please attach an explanation and copies of all citations.

30) Have you or any of your employees ever had any professional license or license to prescribe and or dispense narcotic ever been limited, suspended, revoked, denied, or investigated by any licensing board or regulatory agency? Yes No

If yes, please attach an explanation.

31) Have you or any of your employees ever been charged with or convicted of a crime other than minor traffic violation(s)? Yes No

If yes, please attach an explanation.

32) Have you or any of your employees ever been diagnosed or treated for alcoholism, drug addiction, any chemical dependency, or mental or chronic physical illness? Yes No

33) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company. Yes No

If Yes, please attach an explanation.

34) Has any claim or suit for medical malpractice or professional liability ever been filed, or any claim otherwise been made against you or any other person proposed for this insurance, including any partnership or joint venture of which you have been a member or your company's predecessors in business? Yes No

a. **If yes, please complete the Kinsale Health Care Claim Supplemental.**
 b. How many malpractice or professional liability claims have you had? _____
 c. Have these claims all been reported to your current or a prior insurer? Yes No

35) Are you or anyone else proposed for this insurance aware of any occurrences, facts, circumstances, incidents, situations, act, error, omission or records request from a patient or their attorney which may result in a claim or suit? Yes No

If yes, please complete the Kinsale Health Care Claim Supplemental.

- 36) If your Professional Liability insurance coverage history extends beyond the last 12 months, please complete the below table for your four prior carriers:

Insurer	Dates covered	Limits of Liability	Deductible	Premium	Retroactive date

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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 insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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 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 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 civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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 \$5,000 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/she 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 a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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 a 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 the person to criminal and civil penalties.

NOTICE TO TENNESSEE 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.

NOTICE TO VIRGINIA 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.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

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

Applicant: _____ Title: _____

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____