



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

TELERADIOLOGY SUPPLEMENTAL APPLICATION

**COMPLETE IN FULL INCLUDING SIGNATURES AND DATING BY THE PROVIDER 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 and Commercial General 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*
- d) *A copy of all licenses and board certifications held by you*

3)

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

4)

Please complete the following table for states in which you are licensed to practice:

State	% of Practice	License #	Status			
			Active <input type="checkbox"/>	Inactive <input type="checkbox"/>	Temporary <input type="checkbox"/>	Pending <input type="checkbox"/>
			Active <input type="checkbox"/>	Inactive <input type="checkbox"/>	Temporary <input type="checkbox"/>	Pending <input type="checkbox"/>
			Active <input type="checkbox"/>	Inactive <input type="checkbox"/>	Temporary <input type="checkbox"/>	Pending <input type="checkbox"/>
			Active <input type="checkbox"/>	Inactive <input type="checkbox"/>	Temporary <input type="checkbox"/>	Pending <input type="checkbox"/>
			Active <input type="checkbox"/>	Inactive <input type="checkbox"/>	Temporary <input type="checkbox"/>	Pending <input type="checkbox"/>
			Active <input type="checkbox"/>	Inactive <input type="checkbox"/>	Temporary <input type="checkbox"/>	Pending <input type="checkbox"/>

TRAINING AND EDUCATION INFORMATION

- 5) Are you currently certified by the American Board of Radiology? Yes No
 a. If yes, what certification(s) do you hold? _____

- 6) Are you in compliance with the following ACR key teleradiology guidelines:
 a. Do you hold a valid medical license or a state issued special purpose medical license in all jurisdictions for which images are transmitted to you for radiologic interpretation? Yes No
 b. Are you credentialed by ever institution from which you receive images for radiologic interpretation? Yes No
- 7) What date did you begin practicing radiology? _____
- 8) How long have you been practicing teleradiology? _____

PRACTICE AND PROCEDURE INFORMATION

- 9) Please complete the following table for patients for which you are seeking coverage. Complete all that apply:

Procedure	Percentage of Reads	Number of Reads Last 12 Months	Estimated Number of Reads Next 12 months	Procedure	Percentage of Reads	Number of Reads Last 12 Months	Estimated Number of Reads Next 12 months
<input type="checkbox"/> Plain Radiography				<input type="checkbox"/> Computed Tomography			
<input type="checkbox"/> Angiograph				<input type="checkbox"/> Ultrasound			
<input type="checkbox"/> Fluoroscopy				<input type="checkbox"/> Mammography			
<input type="checkbox"/> Nuclear Medicine				<input type="checkbox"/> MRI			
<input type="checkbox"/> Other (_____)				<input type="checkbox"/> Other (_____)			

- 10) What percentage of your reads are final reads? _____ %
- 11) What percentage of your practice is dedicated to teleradiology services outside of the state of your primary practice location? _____ %

COVERAGE AND LOSS HISTORY

- 12) Has any licensing authority or professional association taken any action against you or any of your employees? **If yes, please attach an explanation and copies of all citations.** Yes No
- 13) Have you ever had any professional license or certificate limited, suspended, revoked, denied, surrendered, or investigated by any licensing board or regulatory agency? **If yes, please attach an explanation.** Yes No
- 14) Has your board certification or membership in any professional society or association been refused, suspended, revoked, or voluntarily surrendered? **If yes, please attach an explanation.** Yes No
- 15) Have you ever been charged with or convicted of a crime other than minor traffic violation(s)? **If yes, please attach an explanation.** Yes No

- 16) 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. **If Yes, please attach an explanation.** Yes No
- 17) Have you ever practiced without Professional Liability insurance in place? Yes No
- 18) Do you have Professional Liability insurance in place for work you do elsewhere? **If yes, please attach a copy of the policy Declarations page(s).** Yes No
- 19) 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
- 20) 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? **If yes, please complete the Kinsale Health Care Claim Supplemental.** Yes No
- 21) 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: _____