



## Professional Liability Application for Employed or Student Professionals

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
4. What is your profession? \_\_\_\_\_ as  Employee  Student
5. How many years have you been practicing? \_\_\_\_\_
6. In which branch of profession do you specialize? \_\_\_\_\_
7. Name, address and type of operation of employer, or school, if student: \_\_\_\_\_  
 Is your employer/employment by or through a registry or temporary employment?  Yes  No  
 Agency?  Yes  No  
 Please give a description of your professional duties: \_\_\_\_\_  
 \_\_\_\_\_
8. Do you provide professional service other than as an employee of the above?  Yes  No
9. If yes, please describe: \_\_\_\_\_
10. Do you supervise the professional services of any other professionals?  Yes  No
11. If yes, indicate how many supervised: \_\_\_\_\_ Fully described your supervisory responsibilities:  
 \_\_\_\_\_  
 \_\_\_\_\_
12. Have you been refused coverage by any Company?  Yes  No  
 If yes, why? \_\_\_\_\_
13. Have any claims been made against you in the past?  Yes  No
14. Are you licensed or authorized to practice any other health care profession?  Yes  No
13. If yes, please describe other profession: \_\_\_\_\_  
 \_\_\_\_\_
14. Of what professional associations or societies is applicant a member in good standing?  
 \_\_\_\_\_
15. Unless otherwise noted hereunder, the following are true statements regarding the applicant:
  - a) Applicant is not licensed or authorized to provide any other professional services except as stated in this application:

- b) Applicant is not a principal with any partnership, association or corporation;
- c) Applicant is not a proprietor, superintendent, officer, director, stockholder or member of the board of directors, trustees or governors of any business enterprise;
- d) Applicant has never had his / her license or certification revoked or suspended, nor been the subject of any disciplinary proceeding, nor been reprimanded by an administrative agency, professional association or peer committee;
- e) Applicant has never had a claim or suit brought against him / her because of any alleged malpractice, error or mistake rising out of his / her professional services, and applicant is not aware of any circumstances which might result in such a claim or suit.

EXCEPTIONS, if any to above (absence of entry means "no exceptions"): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant and all owners, employees, and contractors are licensed or duly authorized in all states or jurisdictions where professional services are provided.

I am licensed or duly authorized in all states or jurisdictions where I provide professional services and I do hereby warrant the truth on my answers to the above questions, and that I have not withheld any information which is calculated to influence the judgment of the Company in considering this application for insurance.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant