Nurse Practitioners Individual Professional Liability Insurance Occurrence Form For Self Employed Individuals Performing Covered Cosmetic Procedures

1100 Virginia Dr. Suite 250 Ft. Washington, PA 19034 • Toll-Free #: 1-800-247-1500• Fax #: 1-800-739-8818

PNM-V2WW2SEE

PLEASE PRINT CLEARLY AND COMPLETE THE FOLLOWING:

Name: ______________________ Day Telephone #: ______________________

Home Address: ______________________ Night Telephone #: ______________________

City: ______________________ Fax #: ______________________

State: ______________ Zip code: __________ E-mail: ______________________

☑ **YES!** **I want Individual Professional Liability Insurance with limits of up to $6,000,000 aggregate, up to $1,000,000 each claim. (10)**

Note: Coverage is not available for Certified Registered Nurse Anesthetists or Midwives.These rates are for self employed nurse practitioners performing cosmetic procedures. If you are an employed nurse practitioner or a self employed nurse practitioner not performing cosmetic procedures, please visit us at NSO.com for the appropriate application.

1. Please indicate your area of practice, then check employment status:
(Part Time only if total hours worked does not exceed 24 hours per week)

- ☐ Geriatric/ Adult/ Family Planning (PNM21)
- ☐ Psychiatric (PNM22)
- ☐ Family Practice/ Pediatric/ Neonatal/ Acute Critical Care/ School Nurse (PNM23)
- ☐ OB/GYN/ Perinatal Acute Critical Care OB/GYN (PNM24)

- ☐ Full Time
- ☐ Part Time

1a. Do you provide any cosmetic procedures as a self-employed provider? (Please page 3 for exclusions.) .... ☐ Yes ☐ No

1b. ☐ **Employed:** you provide services on behalf of an entity you do not own, receive a W-2 form from your employer and pay your own insurance premium.
If you are employed, please provide the following; Name of employer:______________ City: ______________ State: _______

1c. ☐ **Self-Employed:** you provide services on behalf of an entity you do not own as an independent contractor and pay self-employment taxes using a 1099 form.
OR, your employer pays your insurance premium. If you are incorporated with or without employees, please call **1-888-288-3534** for more information.

1d. ☐ **Student:** you are a first-time student who does not currently hold a healthcare license or certification. If you currently hold a license or certification as a healthcare provider, but are a student in another healthcare profession, please call Customer Service at **1-800-247-1500**.

☐ Recent Graduate If you have graduated within the previous 12 months and you are applying for full-time coverage, you are eligible for a 25% discount off your premium.

Name of School:______________________ Graduation Date: ______ / _______ / _______

2a.

My primary area of work is (choose one):		**My primary area of specialty is** (choose one):		
☐ Ambulatory Care Facility (01)	☐ Nursing Home (08)	☐ Cosmetic Proced.(01)	☐ Emergency Dept. (07)	☐ Float Nurse (13)
☐ Comm. Health Agency (02)	☐ Nursing School (09)	☐ Geriatrics (02)	☐ Infection Control (08)	☐ ICU/CCU/Stepdown (14)
☐ Doctor's Office/Clinic (03)	☐ Prison (10)	☐ IV Therapy (03)	☐ Medical/Surgical (09)	☐ Neonatal (15)
☐ HMO/PPO (04)	☐ School (11)	☐ Neurology (04)	☐ OB/GYN (10)	☐ Oncology (16)
☐ Home Health (05)	☐ Staffing Agency (12)	☐ Operating Room (05)	☐ Orthopedics (11)	☐ Outpatient (17)
☐ Hospice (06)	☐ Surgicenter (13)	☐ Pediatrics (06)	☐ Post Anesthesia Room (12)	☐ Psychiatric (18)
☐ Hospital (07)	☐ My own premises (14)	☐ Other (19) ______________		
☐ Other (15) ______________				

3. Social Security #:______ - ______ - ______ Date of Birth: ______ / ______ / ______ (MONTH DAY YEAR)

4. Requested Effective Date: ______ / ______ / ______ (MONTH DAY YEAR) (Must be within 60 days from the date we receive your application. If date indicated is prior to receipt date or if not filled out, the effective date will be the receipt date.)

5. Enter your total amount due (include $3.00 HPSO Purchasing Group Membership Fee): $ ______________ **Refer to Page 3 for rates.**

6. Are you a member of a professional association?.. ☐ Yes ☐ No
Name of Association: ______________________

7. Have you ever had professional liability insurance declined, canceled or non-renewed for any reason other than for non-payment of premium? (Not applicable for MO residents)...................................... ☐ Yes ☐ No

8. Has any claim or lawsuit for malpractice ever been brought against you or are you aware of any incidents that may result in a claim or lawsuit?...................................... ☐ Yes ☐ No

9. Within the last 5 years, have you been the subject of complaints, charges, or disciplinary action against you for any reason, by a court, licensing board or regulatory agency responsible for maintaining the standards of your profession?........................ ☐ Yes ☐ No

10. Do all physicians with whom you practice or collaborate or to whom you refer patients have professional liability limits equal to or greater than those you are applying for?...................................... ☐ Yes ☐ No

(If you have answered "yes" to questions 7, 8 or 9, please provide complete details on a separate sheet of paper and attach to application.)

Insurance Agent: Michael J. Loughran Iowa License# IA241616 Florida License# A158896

Simple Enrollment

1. Complete all pages.
2. Print your name, sign and date in ink.
3. Send all pages of the application. We cannot process if all pages are not received.

Continue to next page.

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I have answered these questions to the best of my knowledge. I certify that I hold the highest credentials or standards appropriate for the healthcare profession for which I have applied as mandated by my state guidelines. I have not withheld information that would influence the judgment of the Insurance Company. My signing of this application does not bind the Company to complete this insurance. It is agreed that this Application shall be on file with the Company and that it shall be deemed to be attached to and made part of the policy, if issued, as if physically attached to the policy. I hereby represent that the aforementioned statements and answers are correct and complete. I further understand that an incorrect or incomplete statement or answer could void my insurance coverage. This application will be the basis of the contract if a Certificate of Insurance is issued. Once approved, I understand that there is no coverage in force until the premium is paid in full. By signing this application for Nurse Practitioner Professional Liability Insurance, I understand and agree that upon approval of this coverage with NSO, my existing nurse's professional liability policy with NSO (if any) will be upgraded to include Nurse Practitioner Coverage. I understand that a state mandated surcharge will be added to my annual premium if I am a resident of KY (1.8%), NJ (0.670%) or WV (0.55%).

FRAUD NOTICE - WHERE APPLICABLE UNDER THE LAW OF YOUR STATE

All other 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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties. **(For District of Columbia residents only:** 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.) **(For Florida residents only:** 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 of the third degree.) **(For Kentucky residents only:** 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.) **(For Louisiana residents only:** 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.) **(For Maine residents only:** 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.) **(For Maryland residents only:** Coverage may be terminated or the premium recalculated due to a change in a material risk factor during the 45-day underwriting period that begins on the effective date of the first policy period.) **(For New York residents only:** 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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties 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.) **(For Oklahoma residents only:** 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.) **(For Pennsylvania residents only:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to $15,000.) **(For Tennessee and Washington residents only:** 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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties. Penalties include imprisonment, fines and denial of insurance benefits.) **(For Vermont residents only:** 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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to civil fines and criminal penalties.)

Payment Options:

☐ **Enclosed is my check. (Payable to: NSO)** ☐ **Charge my credit card:** ☐ AMEX ☐ Visa ☐ MasterCard ☐ Discover

Card #: ____________________ Expiration Date: ___ / ___

*All applicants must add a Healthcare Providers Service Organization Purchasing Group Membership Fee **($3.00)**. Residents of KY, NJ and WV must first add a state mandated surcharge to your base premium (KY: 1.8%, NJ: 0.70%, WV: 0.55%). To calculate your total amount due, please add your base premium, state surcharge (if applicable) and membership fee. **If you are paying by credit card,** your card will be charged as detailed above.

Please Print Name ______________________________

Applicant Signature X ______________________________ Date: ___ / ___ / ___
MONTH DAY YEAR

This application must be fully completed, signed and dated in ink. We will issue your certificate of insurance upon approval.

This program is underwritten by American Casualty Company of Reading, Pennsylvania, a CNA company, and is offered through the Healthcare Providers Service Organization Purchasing Group. Coverages, rates and limits may differ or may not be available in all states. All products and services are subject to change without notice. CNA is a registered trademark of CNA Financial Corporation. Copyright © 2016 CNA. All rights reserved

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COMPENSATION and OTHER DISCLOSURE INFORMATION

Nurses Service Organization, a registered trade name of Affinity Insurance Services, Inc., exclusively offers the NSO Program as an agent of CNA and provides services that may include the following: program marketing, underwriting, policy management, billing, risk management and client services on its behalf.

Affinity Insurance Services Inc. is an insurance producer licensed in your state. Insurance producers are authorized by their license to advise insurance purchasers about the terms and conditions of particular insurance contracts and to assist in the sale and binding of such policies. Compensation will be paid to the producer by the insurer and/or a third party based on the insurance contract the producer sells. Such compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In addition, Affinity may charge a fee for administrative services. Your signature on this application, or your authorization for payment, is your acceptance of the terms and conditions including the compensation, as disclosed above, that is to be received by Affinity. You may obtain additional information about compensation received or expected to be received by Affinity regarding the CNA quote on any alternative quotes presented to the purchaser by Affinity, by contacting member services at 1-800-247-1500. In addition, premiums paid to Affinity for remittance to insurers, refunds and claim payments paid to Affinity by insurance companies are deposited into fiduciary accounts in accordance with applicable insurance laws. Subject to such laws and the applicable insurance company's consent, where required, Affinity will retain the interest or investment income earned while such funds are on deposit. Our liability to you, in total, for the duration of our business relationship for any and all damages, costs, and expenses (including but not limited to attorneys' fees), whether based on contract, tort (including negligence), or otherwise, in connection with or related to our services (including a failure to provide a service) that we provide in total shall be limited to the lesser of $6,000,000 or the singular annual limit of the policy of insurance procured by us on your behalf from which your damages first arise. This liability limitation applies to you, our client, against Affinity, and its parent(s), affiliates, subsidiaries and their respective directors, officers, employees and agents (each an "Affinity Group Member"). Nothing in this liability limitation section implies that any Affinity Group Member owes or accepts any duty or responsibility to you. If you assert any claims or make any demands against us or any Affinity Group Member for a total amount in excess of this liability limitation, then you agree to indemnify Affinity for any and all liabilities, costs, damages and expenses, including attorneys' fees, incurred by Affinity or any Affinity Group Member that exceeds this liability limitation. Aon Corporation, our parent company, and its affiliates have from time to time sponsored and invested in insurance and reinsurance companies. In such case, the gains or losses we make through our investments could potentially be linked, in part, to the results of treaties or policies transacted with you. Please visit the Aon website at http://www.aon.com/market_relationships for a current listing of such relationships.
A full copy of the Affinity compensation and other disclosure information can be found at **www.nso.com/disclosure.**

Contracts and Agreements

Aon Corporation's operating affiliates are parties to numerous agreements with many insurance companies, including companies from which our clients have purchased insurance or reinsurance. Please visit http://www.aon.com/market_relationships for more detail on these agreements.

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The rates below are for Nurse Practitioners who perform covered cosmetic procedures as self-employed providers.

Rates listed below are for limits of up to $ 1,000,000 each claim / up to $ 6,000,000 aggregate in professional liability insurance.
If you require different limits, please call 1-866-216-8080.

State	Rate
Alabama	$3,770
Alaska	$2,868
Arizona	$3,770
Arkansas	$2,990
California	Visit NSO.com
Colorado	$3,770
Connecticut	$3,770
Delaware	$2,890
DC	$3,426
Florida	Visit NSO.com
Georgia	$3,587
Hawaii	$3,588
Idaho	$3,770
Illinois	$3,959
Indiana	$3,770
Iowa	$3,588
Kansas	$3,769
Kentucky	$3,770
Louisiana	$3,770
Maine	$3,700
Maryland	$2,892
Massachusetts	$3,770
Michigan	$3,770
Minnesota	$3,770
Mississippi	$3,114
Missouri	$3,770

State	Rate
Montana	$3,588
Nebraska	$3,770
Nevada	$3,959
New Hampshire	$3,770
New Jersey	$3,770
New Mexico	$3,959
New York	Visit NSO.com
North Carolina	$3,770
North Dakota	$3,770
Ohio	$3,959
Oklahoma	$3,770
Oregon	$3,518
Pennsylvania	$3,432
Puerto Rico	$3,578
Rhode Island	$3,770
South Carolina	$2,990
South Dakota	$3,588
Tennessee	$3,959
Texas	$6,141
Utah	$3,770
Vermont	$3,588
Virginia	$3,770
Washington	$3,141
West Virginia	$3,141
Wisconsin	$3,770
Wyoming	$3,770

Note: Coverage is not available for Certified Registered Nurse Anesthetists or Midwives.

* If you are a resident of KY (1.8%), NJ (0.70%) or WV (0.55%), please add the appropriate state mandated surcharge to your base premium. All applicants must add a HPSO Purchasing Group Membership Fee ($3.00).

COSMETIC PROCEDURES EXCLUDED FROM COVERAGE FOR SELF-EMPLOYED PROVIDERS:

- Basti
- Carboxytherapy
- Colonics
- Gas Injections
- Vamana
- Vein Stripping
- Silicone Injections
- Sclerotherapy if vein size exceeds 3 mm.
- Colon Hydrotherapy
- Emesis or Purgatation
- Liposuction including Laser Liposuction
- Any procedures, treatments or services that are identified as beyond the scope of your state's practice act as a licensed practitioners

Please request a copy of the Cosmetic Procedures Exclusionary endorsement for full explanation of coverage limitations for cosmetic procedures.

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