



## Certified Registered Nurse Anesthetist Request for Quote



**Yes!** I want Individual Professional Liability Insurance Coverage with limits  
of up to \$3 Million aggregate, up to \$1 Million each claim. (30)

\*Residents of Florida will have limits of up to \$750,000 aggregate, up to \$250,000 each claim

AXX

**PLEASE PRINT CLEARLY AND COMPLETE THE FOLLOWING:**

Name: \_\_\_\_\_

Day Telephone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Night Telephone #: \_\_\_\_\_

City: \_\_\_\_\_

Fax #: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please answer ALL questions and SIGN and DATE this form. Incomplete forms cannot be processed.

**NOTE: THIS FORM IS FOR CERTIFIED REGISTERED NURSE ANESTHETISTS ONLY. Coverage is not available for Midwives.**

1. Please indicate your classification by selecting the section reflecting your employment status (employed/self-employed).  
For an explanation of Claims Made Rates, please see page 3.

**Choose the Type of Policy:**

Occurrence  Claims-Made

	Employed		Self-Employed	
	Full-Time	Part-Time	Full-Time	Part-Time
Certified Registered Nurse Anesthetist (CRNA 01)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consulting Services Endorsement*: add	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<small>*A \$25 Consulting Liability Endorsement is available. See page 2 for details.</small>				
Certified Registered Nurse Anesthetist STUDENT	<input type="checkbox"/>	<input type="checkbox"/>		

Do you need Prior Acts Coverage? (If so, you must provide the Retro Date of your current policy, found on the Declarations Page. For important details on Retro Date, see "Important Notice About Claims-Made Coverage" on Page 3)

Yes, I need Prior Acts Coverage. My Retro Date is: \_\_\_\_/\_\_\_\_/\_\_\_\_

(If requesting Prior Acts, please include a copy of your Declarations Page and a copy of your loss data from your current insurance carrier.)

No, I do not need Prior Acts Coverage. I have read and understand "Important Notice About Claims-Made Coverage" on Page 3.

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 **1.800.521.7013** for more information.

1d.  **Student:** you are currently a CRNA student. \*Student Policies are written on an Occurrence Policy form only

Name of School: \_\_\_\_\_ Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

1e.  **Recent Grad CRNA:** If you have graduated within the previous 12 months and you are applying for full-time coverage, you are eligible for a discount off your premium. 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 **1.800.521.7013**.

Name of School: \_\_\_\_\_ Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

1e.  **Own an Incorporated Firm** (i.e. Inc, P.C., LLC, P.A., Ltd., CORP, etc.) Please indicate business name: \_\_\_\_\_

Yes, I would like coverage for my entity

**Simple Enrollment**

1. Complete both sides.

2. Print your name, sign and date in ink.

3. Send **both sides** of the form.

We cannot process if **both pages** are not received.

**Continue to next page.**

[www.nso.com](http://www.nso.com)

3. Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
4. Requested Effective Date of Coverage: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (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. Are you a member of a professional association? .....  Yes  No Name of Association: \_\_\_\_\_
6. 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
7. Has any claim or lawsuit for malpractice ever been brought against you or are you aware of any incidents or circumstances that may result in a claim or lawsuit? .....  Yes  No
8. Have you ever been the subject of complaints, charges, disciplinary actions, investigations, inquiries, or document requests by a court, licensing board, government agency, or regulatory agency responsible for maintaining the standards of your profession? It is understood and agreed that we will not defend or pay any amounts or claim expense for any claim based on, arising out of or in any way involving such complaints, charges, disciplinary action or investigation, whether disclosed or not. ....  Yes  No
9. a. Has your DEA registration/application ever been denied, suspended, revoked, or surrendered? .....  Yes  No
- b. When prescribing controlled substances, I inform patients of risks, benefits and alternative treatments; I do not prescribe amounts that would exceed FDA recommended daily dosage; I limit patient-specific controlled substance dosage quantities based on a comprehensive patient assessment, history and physical; I access the state prescription drug monitoring program (where permitted by law) for each new and renewed controlled substance; and, when I prescribe controlled substances for chronic pain care, I utilize patient agreements holding the patient/responsible party accountable to the treatment agreement.....  Yes  No  I do not prescribe controlled substances
- (If you answered "yes" to questions 6, 7, 8 or 9a, please provide detailed documentation on a separate sheet of paper and attached to the application.)
10. Do all physicians with whom you practice or collaborate have professional liability limits equal to or greater than those you are applying for? (If student, choose N/A) .....  Yes  No  N/A
11. Who was your prior Professional Liability Insurance Carrier? \_\_\_\_\_  N/A

Insurance Agent: Michael J. Loughran Iowa License# IA241616; Florida License# A158896 Licensed in all states.

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. I understand that a state mandated surcharge will be added to my annual premium if I am a resident of KY (1.8%), NJ (0.47%) or WV (0.55%). I have read and consent to the compensation terms below.

**FRAUD NOTICE - WHERE APPLICABLE UNDER THE LAW OF YOUR STATE**

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 (\$5.00) Residents of KY, NJ, SC and WV must first add a state mandated surcharge to your base premium (KY: 1.8%, NJ: 0.65%, WV: 0.55%, SC 6%). 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 form must be fully completed, signed and dated in ink. We will issue your certificate of insurance upon approval and payment.

One or more of the CNA companies provide the products and/or services described. The information is intended to present a general overview for illustrative purposes only. It is not intended to constitute a binding contract. Please remember that only the relevant insurance policy can provide the actual terms, coverages, amounts, conditions and exclusions for an insured. All products and services may not be available in all states and may be subject to change without notice. CNA is a registered trademark of CNA Financial Corporation. Certain CNA Financial Corporation subsidiaries use the "CNA" trademark in connection with insurance underwriting and claims activities. Copyright © 2018 CNA. All rights reserved.

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### The Consulting Services Liability Endorsement

Are you consulting, teaching or training in addition to providing direct patient care?

This professional liability policy provides coverage if there is an act, error or omission in providing professional services which results in injury. However, economic or financial loss, through your participation in activities such as public speaking or providing expert testimony, typically would not be covered by your professional liability policy. It's a risk you don't have to take. The Consulting Services Liability Endorsement provides coverage for when you use your professional skills and knowledge in settings that do not involve direct treatment of clients. You can add this valuable protection to your new policy for only \$25 a year.

For more information, visit [www.nso.com/consult](http://www.nso.com/consult).

### AN IMPORTANT NOTICE ABOUT CLAIMS-MADE COVERAGE- PLEASE READ

If you are currently insured under a claims-made policy, it is important that you continue your coverage without interruption when moving to a new policy. By providing NSO with the Retroactive Date or "Retro Date" of your expiring policy, upon approval of your application, your new policy will provide you with continuous coverage. This means that any claim that might occur on or after your Retro Date will be covered under your new policy.

If you do not provide your current Retro Date on this application, and do not elect to purchase Extended Reporting Period coverage from your former insurer ("tail coverage"), your previous claims-made coverage will lapse. It will no longer respond to any claims that may arise for that original policy period -- and neither will your new policy. This could leave you completely unprotected or "bare".

#### Claims-made Coverage

Claims-made coverage was introduced as an alternative form of coverage. Under a claims-made policy, coverage is provided for claims made against the policyholder and reported to the insurance company while the policy remains in force and during any applicable extended reporting period.

In the first few years, each time a claims-made policy is renewed, the premium increases automatically to take into account the likelihood of claims being reported from the current and previous policy periods. Generally, claims-made coverage is offered on an annual basis.

You may want to consider two options in the event you change from a claims-made policy with one insurance company to another - or your claims-made policy is cancelled, non-renewed or replaced by an occurrence policy.

#### Extended Reporting Period Endorsement

The first option, known as an Extended Reporting Period Endorsement, allows you to report a claim to your prior insurance company after the policy has ended. It provides protection for covered claims that arise out of incidents that occurred during the policy period, up to the date the policy ended. You must pay an additional premium for Extended Reporting Period coverage-possibly as much as two or more times your current year's premium. Some insurance companies offer this endorsement at no charge - if certain special policy conditions are met by the policyholder.

#### Prior Acts Coverage

The second option is known as Prior Acts Coverage. Many insurance companies - and those plans offered through HPSO -- offer this option to protect insureds who had claims-made coverage immediately prior to the current policy period, but with a different insurance company - and who did not purchase an Extended Reporting Period Endorsement from that company when the policy ended. Prior Acts Coverage protects against claims arising out of incidents that happened before the inception or effective date of a new policy. Some companies may charge an additional premium for this coverage.

#### Occurrence Coverage

An occurrence policy provides coverage for an injury or damage that takes place during the policy period, regardless of when the claim is reported. Thus, an occurrence policy provides long-term protection for any covered claim that may arise at any time in the future - up to the limits of the policy in force at the time of the incident that led to the claim.

### COMPENSATION and OTHER DISCLOSURE INFORMATION

Nurses Service Organization (NSO), 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 confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction involves one or more of these activities. Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. 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 your application, quote form, check, and/or other authorization for payment of your premium, will be deemed to signify your consent to and acceptance of the terms and conditions including the compensation, as disclosed above, that is to be received by Aon. The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and compensation expected to be received based in whole or in part on any alternative quotes presented to the purchaser by the producer, by calling 1.866.216.8080.

In addition, premiums paid by Clients to Affinity for remittance to insurers, Client refunds and claim payments paid to Affinity by insurance companies for remittance to Clients are deposited into fiduciary accounts in accordance with applicable insurance laws until they are due to be paid to the insurance company or Client. 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 in such accounts.

Aon Corporation, our ultimate parent company, and its affiliates have from time to time sponsored and invested in insurance and reinsurance companies. While we generally undertake such activities with a view to creating an orderly flow of capacity for our clients, we also seek an appropriate return on our investment. When they exist, these investments, for which Aon is generally at-risk for potential price loss, typically are small and range from fixed-income to common stock transactions. 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 web site at [http://www.aon.com/market\\_relationships](http://www.aon.com/market_relationships) for a current listing of insurance and reinsurance carriers in which Aon Corporation and its affiliates hold any ownership interest.

### Contracts and Agreements

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