



**Florida Nurse Practitioners Individual Professional Liability Insurance Claims-Made Form
For Self Employed Individuals Performing Covered Cosmetic Procedures**

1100 Virginia Dr. Suite 250, Fort Washington, PA 19034 • Toll-Free #: 1-866-216-8080 • Fax #: 1-800-701-1986



PLEASE PRINT CLEARLY AND COMPLETE THE FOLLOWING:

V2WW4FS1E

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 \$750,000 aggregate, up to \$250,000 each claim. (30)

1. Please indicate your current area of practice.

Geriatric/Adult NP/ Family Planning NP

(PMN21)

(PMN21)

Psychiatric NP

(PMN22)

(PMN22)

Pediatric NP/ Neonatal NP/ Family Practice NP/

(PMN23)

(PMN23)

Acute Critical Care NP/ School Nurse NP

(PMN24)

(PMN24)

OB/GYN NP/ Perinatal NP/ Acute Critical Care OB/GYN NP

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.

Please Note: Your premium will be based on the highest category if you select more than one area of practice.

1a. Do you provide any cosmetic procedures as a self-employed provider? (Refer to 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

2. If you are a recent graduate, please provide the following:

Name of School: _____ Graduation Date: _____ / _____ / _____

2a. **My primary area of work is** (choose one):

- Ambulatory Care Facility (01)
- Comm. Health Agency (02)
- Doctor's Office/Clinic (03)
- HMO/PPO (04)
- Home Health (05)
- Hospice (06)
- Hospital (07)
- Other (15)
- Nursing Home (08)
- Nursing School (09)
- Prison (10)
- School (11)
- Staffing Agency (12)
- Surgicenter (13)
- My own premises (14)

My primary area of specialty is (choose one):

- Cosmetic Proced.(01)
- Geriatrics (02)
- IV Therapy (03)
- Neurology (04)
- Operating Room (05)
- Pediatrics (06)
- Other (19)
- Emergency Dept. (07)
- Infection Control (08)
- Medical/Surgical (09)
- OB/GYN (10)
- Orthopedics (11)
- Post Anesthesia Room (12)
- Float Nurse (13)
- ICU/CCU/Stepdown (14)
- Neonatal (15)
- Oncology (16)
- Outpatient (17)
- Psychiatric (18)

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. Have you ever been the subject of complaints, charges, or 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?..... 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.)

11. Do you need Prior Acts Coverage? (if so, you must provide Retro Date. For important details on Retro Date, refer to section entitled "An Important Notice Concerning Claims-Made Coverage" on page 3.)

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

If requesting Prior Acts, you must include a copy of your Declarations page and copy of your claims loss data from your current insurer.

No, I do not need Prior Acts Coverage. I have read and understand "An Important Notice Concerning Claim-Made

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

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 (0.47%) 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: 0.47%, 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 © 2018 CNA. All rights reserved



Nurses Service Organization is a registered trade name of Affinity Insurance Services, Inc.; (AR 244489); in CA, MN & OK , AIS Affinity Insurance Agency, Inc. (CA 0795465); in CA, Aon Affinity Insurance Services, Inc., (0G94493), Aon Direct Insurance Administrators and Berkely Insurance Agency and in NY and NH, AIS Affinity Insurance Agency.

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.

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 1-800-701-1986.

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 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 for more detail on these agreements.

Florida Nurse Practitioner - Claims- Made annual rates each limits of up to \$250,000 each claim/ up to \$750,000 aggregate in professional liability insurance.

Please note that these rates are based on currently approved rates and are subject to change upon yearly renewal. Please see "An Important Notice Concerning Claims-Made Coverage" below. For additional information regarding how claims-made coverage protects you, visit www.nso.com/claimsmade.

	Self Employed				
	Year 1	Year 2	Year 3	Year 4	Mature
Full-Time Self Employed Nurse Practitioner Performing Cosmetic Procedures	\$2,233	\$3,978	\$5,374	\$5,862	\$6,909
Part-Time Self Employed Nurse Practitioner Performing Cosmetic Procedures	\$2,233	\$3,978	\$5,374	\$5,862	\$6,909

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".

COSMETIC PROCEDURES EXCLUDED FROM COVERAGE FOR SELF-EMPLOYED PROVIDERS:

- ♦ Basti
- ♦ Carboxytherapy
- ♦ Colonics
- ♦ Gas Injections
- ♦ Vamana
- ♦ Vein Stripping
- ♦ Sclerotherapy if vein size exceeds 3 mm.
- ♦ Colon Hydrotherapy
- ♦ Emesis or Purgation
- ♦ 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.

Determining Your Rate for Claims-Made Coverage

Rates for a claims-made policy increase automatically over a number of years to reflect accumulating risk, until they reach a maximum or "maturity." **If you are newly licensed or you are currently insured under an occurrence policy**, you would pay the premium appropriate for your class listed under the "Year 1" column in the above chart. Include a mandatory \$3.00 HPSO Purchasing Group Membership Fee. You do not need to enter a Retro Date because it will be the same as your effective date.

If you have been insured under a claims-made policy and wish to continue your coverage without interruption, you must include a copy of your current Declarations Page with this application. Please enter the Retro Date of your current policy (found on the Declarations Page), and the requested effective date of your new policy, on this application where indicated. To determine the appropriate rate, first note the number of years that have lapsed between the dates you provided on Page 1. Fractional years of six months or more are rounded UP; less than six months rounded to the next lower year. Once you have calculated the correct number of years, add 1 to this total to represent the current year, and this number is the basis for your coverage. If the total is 5 years or more, you would pay the "Mature" rate listed on the above chart. Totals of less than 5 years pay the appropriate premium listed in the matching column.

If you do not require Prior Acts coverage, please check the appropriate box on question 11 of this application. If you have any questions or need help with this application, or if you would like information on Prior Acts coverage for services performed before the effective date of this policy, please call 1-866-216-8080 for assistance.