Catlin Underwriting Agency, U.S., Inc.
1330 Post Oak Boulevard, Ste. 2325
Houston, TX 77056

SURGERY CENTER LIABILITY INSURANCE APPLICATION

Instructions: Please complete all sections and sign. If a section does not apply, please indicate by answering "N/A" as appropriate. Attach additional sheets as needed.

I. IDENTIFYING INFORMATION

Name of Organization as it should appear in the Declarations:

Street Address:	City:	State:	Zip Code:	County:

Contact Person for Billings:

( )

Name | Title | Phone Number

Contact Person for Claims:

( )

Name | Title | Phone Number

Corporate Medical Director(s): ______________________

Corporate Risk Manager: ______________________

II. NAMES AND DESCRIPTION OF ALL LEGAL ENTITIES (Indicate below if entity to be insured.)

	Name:	Description:	Entity Type:	To be Insured?		Prior Acts Date:
				Yes	No	
A				☐	☐	
B				☐	☐	
C				☐	☐	
D				☐	☐	
E				☐	☐	

III. LICENSURE/OWNERSHIP

A. ☐ Physician or privately owned

Percent of Physician ownership ________________

B. ☐ Not-for-Profit

☐ For Profit (attach list of Stockholders/Partners)

IV. COVERAGE REQUESTED

Effective Date:	Retroactive Date:	Deductible/SIR:
☐ $100,000/$300,000	☐ $200,000/$600,000	☐ $250,000/$750,000
☐ $500,000/$1,000,000	☐ $500,000/$1,500,000	☐ $1,000,000/$3,000,000
A "tail" policy is generally available as an option of your expiring Claims Made Policy. Are you purchasing a tail?		☐ Yes ☐ No

V. PROFESSIONAL LIABILITY INSURANCE COVERAGE (for previous five year period)

Insurance Company	Policy Number	Policy Period	Limits of Liability	Deductible or SIR and Amount	Coverage Form
Carrier: Premium:		Effective: Expiration:	$	☐ Deductible ☐ SIR $	☐Claims-Made ☐Occurrence Retro Date:
Carrier: Premium:		Effective: Expiration:	$	☐ Deductible ☐ SIR $	☐Claims-Made ☐Occurrence Retro Date:
Carrier: Premium:		Effective: Expiration:	$	☐ Deductible ☐ SIR $	☐Claims-Made ☐Occurrence Retro Date:
Carrier: Premium:		Effective: Expiration:	$	☐ Deductible ☐ SIR $	☐Claims-Made ☐Occurrence Retro Date:
Carrier: Premium:		Effective: Expiration:	$	☐ Deductible ☐ SIR $	☐Claims-Made ☐Occurrence Retro Date:

Has any insurance company canceled or refused to renew your Professional Liability insurance policy(ies)? ☐ Yes ☐ No

If "Yes," please explain: ____________________

Does the applicant own, operate, manage or have an interest in a hospital, nursing home, outpatient clinic, pharmacy, laboratory, dispensary, transportation service, or other health care-related organization not listed in question 1 of this application? ☐ Yes ☐ No

If "Yes," please explain: ____________________

VI. OPERATIONS

A. Census data for past five years:

	20__	20__	20__	20__	20__
Surgeries- Local Anesthesia	______	______	______	______	______
General Anesthesia	______	______	______	______	______

B. Patient Mix:

1. Fee for Service ______ %
2. Pre-paid (HMO, PPO, etc.) ______ %
3. Medicare ______ %
4. Medicaid ______ %
5. Charitable ______ %

VII. PROPERTY INFORMATION

A. Are all areas equipped with:

Smoke Alarms ☐ Yes ☐ No
Self-closing fire doors ☐ Yes ☐ No
Clearly marked emergency exits ☐ Yes ☐ No
Sprinkler systems ☐ Yes ☐ No

B. Is there a written disaster/evacuation plan? ☐ Yes ☐ No

C. Are all general contractors and subcontractors required to provide certificates of insurance to the facility? ☐ Yes ☐ No

VIII. MEDICAL INDEPENDENT EMPLOYEES/CONTRACTORS

A. MEDICAL SPECIALTY		NUMBER EMPLOYED			NUMBER CONTRACTED	
		Full Time	Part Time		Full Time	Part Time
Registered Nurse / LPN						
Registered Nurse Practitioner						
Physician Assistant						
CRNA						
Physician						
Other (list type)						

IX. MEDICAL STAFF

A. Is there a written policy requiring all medical staff members to carry professional liability insurance? ☐ Yes ☐ No

If "Yes," what are the minimum limits required? ______

If "Yes," is this policy strictly enforced? ☐ Yes ☐ No

B. Are Certificates of Insurance maintained on file? ☐ Yes ☐ No

C. Are there established procedures to utilize the National Practitioner Data Bank during the credentialling and reappointment process? ☐ Yes ☐ No

D. Are court records checked to verify suits against Applicants or Reappointees: ☐ Yes ☐ No

E. Is Board Certification a requirement for active medical staff privileges? ☐ Yes ☐ No

If not, what percentage of your medical staff is:

Board Certified: ________________ Board Eligible: ________________

X. ACCREDITATION

☐ JCAHO, Expiration Date:
- ☐ Full
- ☐ Contingent (attach copy of report)

☐ Medicare/Medicaid Approval

☐ AAAHC, Expiration Date:
- ☐ Other
- ☐ None

Have you ever been denied accreditation? ☐ Yes ☐ No

If "Yes", for what reason? ____

____

XI. RISK MANAGEMENT / QUALITY ASSURANCE

A. Is there a written statement by the Board of Directors endorsing risk management? ☐ Yes ☐ No

B. Is there a written Quality Assurance Plan organized and implemented on a departmental basis? ☐ Yes ☐ No

C. Does applicant edit or sell publications, video tapes or other media? ☐ Yes ☐ No

If "Yes," please explain. ____

____

D. Are all Nursing Personnel oriented and trained before serving in surgery areas? ☐ Yes ☐ No

E. Are there written agreements with other health care facilities and internal protocols guiding the transfer of any patient? ☐ Yes ☐ No

F. Is there a policy requiring all Anesthetists to remain with patients during the entire time of surgery? ☐ Yes ☐ No

G. Is there a policy requiring pre-operative evaluations of all patients by anesthesiologists? ☐ Yes ☐ No

XII. LOSS INFORMATION

DATE OF INCIDENT	DATE OF CLAIM	ALLEGATION	STATUS*	AMOUNT RESERVED	AMOUNT PAID

* Status should be shown as (O)pen, (C)losed, (I)ncdent

XIII. SCHEDULE OF SURGICAL PROCEDURES

General Surgery Procedures	No. of Procedures Performed Annually	Eye Surgery Procedures	No. of Procedures Performed Annually
Plastic Surgery Procedures		Urology Surgery Procedures	
Ob/Gyn Procedures*		Orthopedic Surgery Procedures	

* Termination of Pregnancy should be divided as follows:
TOP – 1st Trimester; TOP – 2nd Trimester; TOP – 3rd Trimester

Ear, Nose, Throat Procedures	No. of Procedures Performed Annually	Miscellaneous Surgical Procedures	No. of Procedures Performed Annually

XIV. TO COMPLETE THIS APPLICATION, PLEASE ATTACH:

A. Articles of Incorporation for all entities listed in question II.

B. A list of all premises owned, occupied, rented or leased by the applicant in which patient care is rendered. Please provide age, construction, number of stories, fire protection, and type of usage for each location.

C. Corporate organization chart illustrating relationships among all affiliates.

D. A loss experience report from present and past insurers listing all open or closed claims for past five years, including reserve or payment amounts, defense costs and current status. If not available, please explain.

E. Most recent audited annual report.

F. State inspection report, if not JCAHO accredited, or JCAHO and AAAHC accreditation.

G. All contracts with the contracted physicians.

H. Medical staff bylaws.

I. Any policy or resolution indicating insurance requirements for medical staff members.

J. A written summary of the applicant's risk management and credentialing process.

Any binder of coverage issued by the Company as a result of this application is contingent upon compliance with applicable Federal/State Regulations, Company Underwriting Criteria and Risk Management Inspection Regulations.

I understand that falsification or material inaccuracy of any part of the above information can result in the immediate cancellation of my policy, and that no claims shall be paid nor coverage provided in the event of such falsification or material inaccuracy. I agree to be bound by the terms and conditions contained in the policy to be issued, in the event this application is approved.

I hereby certify that the above information is correct, and that I have no knowledge of any incidents, pending claims, or any other activities that might result in a claim other than these listed on this application. I authorize release and exchange of information involving underwriting or claims matters among insurance carriers.

Officer of Applicant (Signature Required)	Title	Date

Signing this application does not bind any carriers to complete the insurance. All information requested in this application is considered material and important. If any carrier agrees to be bound under the terms of this application, your policy is void if you withhold any information from us, mislead us, or attempt to defraud or lie to us about any matter contained in this application.

FRAUD NOTICE

State	Notice
Arkansas	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.
Colorado	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 policyholder 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.
District of Columbia	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.
Florida	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.
Hawaii	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.
Kentucky	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.
Louisiana	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.
Maine	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.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	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.
New York	**All commercial insurance forms, except as provided for automobile insurance:** 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 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 five thousand dollars and the stated value of the claim for each such violation. **Automobile insurance forms** Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation. **Fire Insurance:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.
Ohio	Any person who, with intent to defraud or knowing that he 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.
Oklahoma	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.
Pennsylvania	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 conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Auto:** 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 the payment of a fine of up to $15,000.
Puerto Rico	Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousands dollars ($5,000), not to exceed ten thousands dollars ($10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.
Rhode Island	**Property Insurance, Real Or Personal:** The insurance application form shall indicate the existence of a criminal penalty for failure to disclose a conviction of arson.
Tennessee	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. **Workers Compensation:** It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.
Virginia	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.
West Virginia	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.