OneBeacon
HEALTHCARE GROUP

onebeacon.com

877.701.0171 t | 888.777.3719 f
199 Scott Swamp Road, Farmington, CT 06032

Brown & Brown INSURANCE

Brown & Brown of Garden City, Inc.
595 Stewart Avenue
Garden City, NY 11530
P: (516) 247-5900 | F: (516) 217-1352
bbinsgc.com

Homeland Insurance Company of New York | Homeland Insurance Company of Delaware
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(hereinafter referred to as the "Underwriter")

Application
(Individual Physician)

FEDERALLY QUALIFIED COMMUNITY HEALTH CENTERS PHYSICIAN APPLICATION

PORTIONS OF THE POLICY FOR WHICH THIS APPLICATION IS MADE PROVIDE CLAIMS MADE AND REPORTED COVERAGE, WHICH APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR AN APPLICABLE EXTENDED REPORTING PERIOD AND REPORTED IN ACCORDANCE WITH THE POLICY'S REPORTING PROVISIONS. READ THE POLICY AND THIS APPLICATION CAREFULLY AND CONTACT YOUR PRODUCER WITH ANY QUESTIONS.

For the purposes of this Application, "Applicant Entity" means the entity identified as the "Applicant" in the primary application submitted for this insurance to which a policy may be/has been issued.

Instructions:

- Please complete a separate Federally Qualified Community Health Centers Physician Application for each physician requesting coverage for non-"deemed" services or as required by question 37 of the Medical Professional and General Liability Insurance For Federally Qualified Community Health Centers Application.
- The Physician identified in question 2 below must attach a copy of his/her curriculum vitae (CV) with this Application.

A. ACCOUNT INFORMATION	
1. Applicant Entity	

B. PHYSICIAN INFORMATION	
2. Physician Name	
3. Medical Specialty	
4. Is the Physician board certified in his/her specialty?	☐ Yes ☐ No

5. Please provide the following information regarding the Physician's medical education and training:

   a. Medical school

      Name of school: _____ City: _____ State: _____

      Year graduated: _____ Degree: _____

   b. Internship

      Name of school: _____ City: _____ State: _____

      From: _____ To: _____

   c. Residency

      Name of hospital: _____ City: _____ State: _____

      Year completed: _____ Specialty: _____

   d. Fellowship

      Name of hospital: _____ City: _____ State: _____

      Year completed: _____ Specialty: _____

6. Is the Physician a current resident intern, extern or fellow? ☐ Yes ☐ No

7. If the Physician is a foreign medical school graduate, is he/she ECFMG certified? ☐ Yes ☐ No

8. List all states where the Physician is licensed to practice and the applicable license number:

   State/License number: _____ State/License number: _____

   State/License number: _____ State/License number: _____

9. List all hospitals/facilities where the Physician has staff privileges:

   Facility name, City/State: _____

   Facility name, City/State: _____

10. How many hours per week does the Physician work on behalf of the Applicant Entity? _____

11. How many weeks per year does the Physician work on behalf of the Applicant Entity? _____

12. Does the Physician practice for the Applicant Entity as an ☐ employee ☐ independent contractor ☐ volunteer?

13. Indicate percentage of time devoted to the following medical and/or surgical activities:
(total must = 100%)

_____% Allergy & Immunology	_____% Nuclear Medicine
_____% Anesthesiology	_____% Nutrition
_____% Broncho-Esophagology	_____% Obstetrics/Pre-Natal Care
_____% Cardiovascular Disease	_____% Oncology
_____% Colon & Rectal	_____% Ophthalmology
_____% Dermatology	_____% Oral-Maxillofacial Surgery
_____% Diabetes	_____% Orthopedics
_____% Emergency Medicine	_____% Otology
_____% Endocrinology	_____% Otorhinolaryngology
_____% Family Practice or General Practice, Excl. OB	_____% Pain Management
_____% Family Practice or General Practice, Incl. OB	_____% Pathology
_____% Fetal & Maternal Medicine	_____% Pharmacology
_____% Foot & Ankle Surgery	_____% Physiatrist
_____% Gastroenterology	_____% Physician-NOC
_____% General Preventative Medicine	_____% Physical Medicine & Rehabilitation
_____% Geriatrics	_____% Psychiatry
_____% Gynecology	_____% Psychoanalysis
_____% Hand	_____% Psychosomatic Medicine
_____% Head & Neck	_____% Public Health
_____% Hematology	_____% Pulmonary Diseases
_____% Infectious Diseases	_____% Radiology
_____% Intensive Care Medicine	_____% Rheumatology
_____% Larynology	_____% Rhinology
_____% Limited General Practice	_____% Teleradiology
_____% Legal Medicine	_____% Thoracic
_____% Neoplastic Diseases	_____% Urology
_____% Nephrology	_____% Weight Reduction/Control
_____% Neurology	_____% Other (list): _____

14. Does the Physician perform any surgery on behalf of the Applicant Entity? ☐ Yes ☐ No

If "Yes," please describe the surgery type(s) and frequency:

15. Does the Physician administer any anesthesia on behalf of the Applicant Entity? ☐ Yes ☐ No

If "Yes," please describe the anesthesia type(s) and frequency:

16. Does the Physician work in correctional institutions? ☐ Yes ☐ No

If "Yes," please describe the services the Physician is providing:

17. Does the Physician serve as a Medical Director for any organization? ☐ Yes ☐ No

If "Yes," list the organization(s) or facility(ies) where the Physician serves as Medical Director:

18. Does the Physician perform any abortions on behalf of the Applicant Entity? ☐ Yes ☐ No

19. Has the Physician ever:

a. been investigated, disciplined, censured or reprimanded by a medical society, professional review board or licensing entity or board? ☐ Yes ☐ No

b. been convicted of an act committed in violation of any law or ordinance other than a traffic offense? ☐ Yes ☐ No

c. been treated for any alcohol, narcotics or substance abuse? ☐ Yes ☐ No

d. had Medicaid, Medicare or any health program authorities initiate an investigation for alleged billing fraud? ☐ Yes ☐ No

e. had hospital privileges reduced, suspended or revoked? ☐ Yes ☐ No

f. had a license to practice denied, revoked, suspended, placed on probation or limited in any way? ☐ Yes ☐ No

g. been investigated for alleged sexual misconduct? ☐ Yes ☐ No

C. CURRENT COVERAGE

20. Current carrier: _____ Retroactive date: _____

Current limits: Each claim: _____ Aggregate: _____

21. What is the Physician's start date at the Applicant Entity's facility(ies)? _____

D. CLAIMS/PRIOR KNOWLEDGE

22. During the past five (5) years, has any claim that may fall within the scope of the proposed insurance been made against the Physician? ☐ Yes ☐ No

If "Yes," please provide the following information for all such claims as an attachment to this Application: date of loss, claimant name, all defense and indemnity payments, all defense and indemnity reserves (if claims are open), and claim status (open/closed).

NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS, DEFENSES OR REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM OR LOSS REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 22 IS EXCLUDED FROM THE PROPOSED INSURANCE.

23. Is the Physician aware of any fact, circumstance, situation, transaction, event, act, error or omission that the Physician has reason to believe may, or could reasonable be foreseen to, give rise to a claim that may fall within the scope of the proposed insurance? ☐ Yes ☐ No

If "Yes," please attach details to this Application.

NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS, DEFENSES OR REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM OR LOSS ARISING FROM ANY FACT, CIRCUMSTANCE, SITUATION, TRANSACTION, EVENT, ACT, ERROR OR OMISSION REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 23 IS EXCLUDED FROM THE PROPOSED INSURANCE.

E. FRAUD WARNINGS

Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be guilty of committing a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

ALABAMA AND MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ARKANSAS, MINNESOTA, AND OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she 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, which is a crime.

COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DISTRICT OF COLUMBIA APPLICANTS: 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 APPLICANTS: 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.

KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

KENTUCKY APPLICANTS: 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.

LOUISIANA, NEW MEXICO AND RHODE ISLAND APPLICANTS: 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.

MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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.

NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

OKLAHOMA APPLICANTS: 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.

OREGON AND TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

PENNSYLVANIA APPLICANTS: 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.

PUERTO RICO APPLICANTS: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars ($5,000) nor more than ten thousand dollars ($10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

F. SIGNATURE AND AUTHORIZATION

The undersigned declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Application and any attachments or information submitted with this Application (together referred to as the "Application") are true and complete. For Florida Applicants, the preceding sentence is replaced with the following sentence: The undersigned represents that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Application and any attachments or information submitted with this Application (together referred to as the "Application") are true and complete. The information in the Application and the application submitted by the Applicant Entity is material to the risk accepted by the Underwriter. If a policy is issued it will be in reliance upon this Application and the application submitted by the Applicant Entity, and this Application and the application submitted by the Applicant Entity will be the basis of the contract.

The Underwriter will maintain the information contained in and submitted with this Application on file and along with the Application will be considered physically attached to, part of, and incorporated into the policy, if issued. For North Carolina, Utah and Wisconsin accounts, this Application and the materials submitted with it shall become part of the policy, if issued, if attached to the policy at issuance.

The Underwriter is authorized to make any inquiry in connection with this Application. The Underwriter's acceptance of this Application or the making of any subsequent inquiry does not bind you or the Underwriter to complete the insurance or issue a policy. The information provided in this Application is for underwriting purposes only and does not constitute notice to the Underwriter under any policy of a Claim or potential Claim.

If the information in this Application materially changes prior to the effective date of the policy, the undersigned must notify the Underwriter immediately and the Underwriter may modify or withdraw any quotation or agreement to bind insurance.

NEW YORK APPLICANTS: 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.

Physician Signature		
Print Name		Date: