

BOLTON & COMPANY

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Ky. Wats 800-292-6597
Wats 800-626-5209
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PROFESSIONAL NURSES MALPRACTICE APPLICATION

Name of Applicant			Producer#	Producer name		
Address			Producer Address			
City	State	Zip	City	State	Zip	
County		Phone:	Effective		To:	
			From:			

1. Is Applicant engaged:

- | | | | | | |
|--------------------------|------------------------------|-----------------------------|------------------------|------------------------------|-----------------------------|
| in X-Ray Therapy? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | in Shock Therapy? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| in Chemotherapy? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | as a Physicians Asst.? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| as an Anesthetist? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | as a Nurses Aide? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| as a Nurse Midwife? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | as an EMT? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| as a Nurse Practitioner? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | | |

IF YES, RISK IS PROHIBITED.

2. Applicant is:

- A. Student Nurse (nonlicensed)
- B. General Duty Nurse (RN & LPN) - primarily employed by a private physician or health care institution (hospital, clinic, nursing home, etc.), Instructor - classroom, Public Health Nurse - (in clinic under direct supervision of full-time physician).
- C. Special Duty Nurse (nurses performing any of the following):
Assist (over 25% of duty time) in Emergency Room or Emergency Squad, Assist (over 50% of duty time) in Intensive Care Unit or Cardiac Care Unit, Assist in Caesarean Child Birth (delivery room only), Instructor - clinic, Private Duty (over 25% of duty time), e.g. registry, Public Health doing home visitation, Home Health Care, Visiting Nurse, Camp Nurse, Unemployed, Self-Employed, Supervise (on a regular basis) other licensed Health Care Professionals (i.e. Supervisory or Head Nurse), Operating Room (all duties included), School Nurse or Industrial Nurse.

3. If Applicant is a Student the date or expected date of graduation and/or accreditation: _____

4. Professional Designations and Organizations:

- A. American Nurse Association
- B. National League for Nursing
- C. American Association of Public Health Nurses
- D. Other _____

5. Location of Employment:

- A. Doctor's Office, B. Clinic, C. Dental Office, D. Hospital, E. Nursing Home, F. Private Home(s), G. Other _____

6. License # _____ State _____

7. Number of years practicing _____

8. Are you responsible for the supervision of any other Nurses or Health Care Professionals? If yes, describe: _____

9. Limits of Insurance:

- \$100,000 Each Claim, \$300,000 Aggregate
- \$200,000 Each Claim, \$600,000 Aggregate

10. Have you been cancelled or declined for Malpractice Insurance?

- YES NO If yes, please give full details: _____

11. Have you had any claims presented against you in the past?

YES NO If yes, please give full details: _____

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.

BINDING: Coverage is bound upon the acceptance of an **AUTHORIZED JEFFERSON GENERAL AGENCY**, providing: The application is postmarked on the effective date, it is fully completed and signed by the applicant and the application meets the Company's underwriting criteria.

Applicants Signature

Date

Producers Signature

Date

UNDERWRITING GUIDELINES:

1. Any affirmative answers in Question # 1 will render the risk unacceptable.
2. An affirmative answer to Questions # 8, # 10 and # 11 will require a complete and detailed explanation
3. Any change in job duties **MUST** be reported to the Company immediately.

POLICY FORM: Please note that this is an "occurrence form", not a "claims made" form.