HUNTERSURE LLC

MEDICAL DIRECTOR PROFESSIONAL LIABILITY APPLICATION

1. Name of Applicant: _____

2. Mailing Address: _____

3. Location Address: _____
(If multiple name and locations, please attach list)

4. Telephone Number: _____ Fax Number: _____

5. a.) Desired Effective Date: _____

b.) Desired Limits of Liability: $_____ / $_____

c.) Desired Deductible: $_____

6. a.) Gross Receipts for Past 12 Months: $_____

b.) Estimated Gross Receipts for Next 12 Months: $_____

7. a.) Name of Organization where applicant provides services as Medical Director: _____

b.) Type of Organization: _____

8. Number of Hours per week providing Medical Director services: _____

9. Number of years as Medical Director: _____

Please provide a copy of the contract between the Medical Director and the Organization, which includes a description of the duties and responsibilities of the Medical Director. Include a copy of the Medical Director's resume indicating training and experience.

10. Please provide the exposure information for the Organization the Medical Director will be providing services:

Number of Beds: _____ Number of Outpatient Visits: _____ Number of Ambulances: _____

HUNTERSURE LLC

11. Does the applicant have, or could they be called upon to act within their capacity as a physician to treat, intervene in the treatment, direct the treatment, or consult in the treatment of any individual/client?

Yes: _____ No: _____

If Yes, please provide details including how often such circumstance occur: _____

_____

If Yes, please provide details of medical malpractice insurance and attach proof of coverage: _____

_____

12. ATTACH DETAILED EXPLANATION FOR ANY ""YES"" ANSWERS:

Has the Medical Director:

	YES	NO
a.) Ever been the subject of disciplinary or investigative proceedings or reprimand by a governmental or administrative agency, hospital, or professional association?	_____	_____
b.) Ever been convicted for an act committed in violation of any law or ordinance other than traffic offenses?	_____	_____
c.) Ever been treated for alcoholism or drug addiction?	_____	_____
d.) Ever had any state professional license or license to prescribe or dispense narcotics refused, suspended, revoked, renewal refused or accepted only on special terms or ever voluntarily surrendered same?	_____	_____

13. In the past 5 years, has any medical malpractice claim or suit ever been made against the insured?

Yes: _____ No: _____ If Yes, please attach details. .

14. In the past 5 years, has any claim or suit been made against the insured with regards to services provided as Medical Director?

Yes: _____ No: _____ If Yes, please attach details.

15. Is the applicant aware of any circumstances which may result in any claim against the insured that would be covered by this policy?

Yes: _____ No: _____ If Yes, please attach details.

Application for Claims-Made Professional Liability Insurance

The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the

contract should a Policy be issued, and that this Application will be attached and become part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application, as they deem necessary.

FOR KENTUCKY RISKS: 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 act, which is a crime.

Name of Applicant: _____
Please Print Title

Signature: _____
Name Date

(NOTE: Application must be signed by the owner or president or principal)