



APPLICATION - FIRST LAYER EXCESS LIABILITY INSURANCE
DIRECT PAY - INDIVIDUAL PROFESSIONAL COVERAGE (Occurrence)

217 GREAT OAKS BOULEVARD
ALBANY, NEW YORK 12203
HEALTHCAREPROFESSIONALSINSURANCE.COM
866.374.4742

QUALIFICATIONS: Direct Pay professional liability occurrence coverage is available provided you have the following: A) a valid New York state license to practice medicine; B) an individual primary professional liability policy of \$1 million/\$3 million.

PLEASE COMPLETE THE FOLLOWING:

GENERAL INFORMATION

- A. NYS License Number:
B. Date of Birth:
C. Federal DEA Number:
D. Specialty Class Code (see attached):
E. Phone Number:
F. Medical/Dental School Attended:
G. Date Graduated:
H. Desired Effective Date of Coverage:
I. E-mail Address:

- 1. Name (First name, Last name):
2. Mailing address:
3. County of Practice Location:

PLEASE PROVIDE PROOF OF UNDERLYING COVERAGE (REQUIRED)

- 4. Primary coverage insurance company: Policy No.:
5. Risk Management Program completed: Yes/No Date Completed/Scheduled to Complete:
6. If you have an affiliation with a general hospital in New York state, please list the primary hospital you have admitting and/or consulting privileges with:
7. Licensing Board Disciplinary Proceedings: (a) License to practice revoked/ suspended in any state: Yes/No If yes, date: (b) Probation invoked in any state: Yes/No If yes, date:
8. Hospital Disciplinary Proceedings (excluding disciplinary proceedings for lateness in record keeping and/or lateness in submitting proof of insurance coverage): (a) License to practice revoked/ suspended in any state: Yes/No If yes, date: (b) Probation invoked in any state: Yes/No If yes, date:
9. CLAIM HISTORY: List claims made against you or paid on your behalf in the past ten years. Please include the summary of allegations, claimant's name, date of incident, as well as date and amount paid. (ATTACH CLAIMS HISTORY IF APPLICABLE) or
I CERTIFY THAT I DO NOT HAVE A CLAIMS HISTORY. THEREFORE I HAVE NO LOSSES TO REPORT WITH THE APPLICATION.

IMPORTANT: THE APPLICATION AND RELEASE MUST BE SIGNED BY THE APPLICANT.

I authorize release and exchange of information, involving but not limited to claim matters, between my professional society or association, previous insurance carrier, hospital or clinic and Healthcare Professionals Insurance Company. The foregoing answers and statements are complete and correct to the best of my knowledge and belief.

NOTE: 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 be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

Signature of Applicant

Date of Signature

Full Name (please print)

The completed application with the insured's original signature should be returned to the HPIC address above.

HEALTHCARE PROFESSIONALS INSURANCE COMPANY
SPECIALTY CLASSIFICATIONS
(ALPHABETICAL LISTING)

80254 Allergy
80151 Anesthesiology
80141 Cardiac Surgery
80155 Colon & Rectal Surgery/ Proctology
80211 Dentist
80282 Dermatology (incl dermabrasion, microsurgery, liposuction, phenol); Minor Surgery
80297 Dermatology- all other; No Laser
80256 Dermatology, face peels but no phenol; Laser
80280 Diagnostic Radiology, Radiology, Radiation Oncology
80102 Emergency Medicine
80157 General Practice (limited major surgery)
80421 General Practice (minor surgery, gyn only minor), Industrial Med. (minor Surgery)
80117 General practice (no referred surgery)
80420 General Practice (no surgery)
80143 General Surgery (excluding Bariatric surgery)
80144 General Surgery Including Bariatric Surgery
80167 Gynecology Only
80284 Internal Medicine (incl Cardiac Cath)
80257 Internal Medicine (no Cardiac Cath)
80261 Neurology (excluding supervision)
80288 Neurology / Psychiatry (including supervision)
80152 Neurosurgery
80153 Obstetrics and Gynecology
80233 Occupational Medicine, Industrial Medicine (no surgery)
80289 Ophthalmology (minor surgery)
80263 Ophthalmology (no surgery)
80114 Ophthalmology (w/ major surgery)
80210 Oral surgeon
80154 Orthopedic Surgery
80285 Otolaryngology (ENT) (no T&A), w/ minor surgery
80291 Otolaryngology (including surgery & cosmetic plastic surgery)
80159 Otolaryngology (no cosmetic plastic surgery)
80266 Pathology / Hematology
80293 Pediatrics
80235 Physical Medicine, Rehab, including pain med
80156 Plastic / Reconstructive Surgery
80134 Preventive Medicine, no surgery
80249 Psychiatry (no supervision)
80259 Public Health
80253 Radiotherapy only
80145 Urology (major surgery)
80294 Urology (minor surgery)
80146 Vascular Surgery