



**ED GROUP APPLICATION  
FOR CLAIMS-MADE PROFESSIONAL LIABILITY INSURANCE**

Please note you are applying for a claims-made policy form of professional liability insurance. The coverage of this policy is limited to liability only for those claims that: 1) arise from incidents or events that happen while the policy is in force and that involve your work at an approved emergency department facility, and 2) are first made against you and are reported to the company while the policy is in force.

Insurance coverage is subject to underwriting approval and payment of the initial premium billing. No coverage exists until the initial premium is received and a certificate insert, together with any endorsements that may apply, has been issued.

*Please attach a copy of your letterhead and any advertising material that your group may use.*

**1. GROUP INFORMATION**

A. Group Name: \_\_\_\_\_  
Group Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
B. Key Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
C. Email: \_\_\_\_\_ Group Website: \_\_\_\_\_  
D. Name of Medical Director: \_\_\_\_\_ Phone: \_\_\_\_\_  
E. Type of Group  
Sole Proprietorship: \_\_\_\_\_ Partnership: \_\_\_\_\_ Professional Corp: \_\_\_\_\_ Other (explain): \_\_\_\_\_  
F. Group Tax ID Name: \_\_\_\_\_ Group Tax ID Number: \_\_\_\_\_  
G. Contract Holder(s)/Owner(s): \_\_\_\_\_  
H. Total Number in Group: \_\_\_\_\_ Physicians: \_\_\_\_\_ PAs: \_\_\_\_\_ NPs: \_\_\_\_\_ RNs: \_\_\_\_\_

*If you use health care extenders at your facility, please attach a copy of your protocols.*

I. Are your group physicians: Employees \_\_\_\_\_ Independent Contractors \_\_\_\_\_ Mix of Both \_\_\_\_\_  
*If utilizing contractors, please provide a copy of the contractor's agreement.*

J. Does the hospital allow physicians to practice without evidence of medical malpractice insurance?  
yes \_\_\_\_\_ no \_\_\_\_\_

K. How many of your physicians work for you on a part-time basis?

L. What is your turnover rate for physicians that work for you? \_\_\_\_\_ %

[total physicians who left or were terminated during most recent 12 month period ÷ total physician employees + contractors during most recent 12 month period]





- G. Has any physician within the group ever been investigated by any State Licensing Board, Narcotics Board, DEA or other governmental or regulatory agency or has his/her license to practice or his/her narcotics license ever been denied, revoked, suspended or limited in any way? yes      no
- H. Has any physician within the group had any hospital ever restrict or revoke privileges or invoke probation for any cause other than for incomplete charts? yes      no
- I. Has any physician within the group ever been indicted and/or convicted of a crime other than minor traffic violations? yes      no
- J. Has the group or any physicians within the group been involved in a malpractice claim, suit or incident in the past 10 years? yes      no

**If “yes,” how many?**

**If you answer “yes” to this question, please provide a current loss run from each prior insurance carrier. Please have the physician provide complete details on a separate sheet for each claim.**

## 6. RISK MANAGMENT

- A. Do you have a formal, written risk management protocol? yes      no
- B. If yes, attach a copy of the Table of Contents of existing risk management protocol.
- C. Is compliance with the protocol mandatory for all physicians? yes      no
- D. Are all physicians ABEM/ABEOM Board Eligible in Emergency Medicine? yes      no
- E. If not, are they American Board Certified or Board Eligible in other specialties? (e.g. family practice, internal medicine) yes      no
- F. How many physicians are *not* American Board Certified in any medical specialty?
- G. Is credentialing done for all physicians? yes      no
- |                       |            |                  |      |
|-----------------------|------------|------------------|------|
| Is credentialing done | Internally | By a third party | Both |
|-----------------------|------------|------------------|------|
- How often is each physician credentialed?

## 7. GROUP PRACTICE POLICIES

**Please indicate if the policies and procedures listed below exist in written form and require mandatory compliance. If none exists, state the alternative or reason or plans to rectify in the Remarks section. Please explain all “yes” answers on a separate sheet.**

- |   | <u>Yes</u> | <u>No</u> | <u>Mandatory</u> | <u>Optional</u> |
|---|------------|-----------|------------------|-----------------|
| A. Triage Policy  |            |           |                  |                 |
| B. Medical Screening Exam   |            |           |                  |                 |
| C. Transfer (COBRA) Policy  |            |           |                  |                 |
| D. Clinical Protocols   |            |           |                  |                 |
| E. Chest Pain and/or Thrombolytic   |            |           |                  |                 |
| F. Stroke/Thrombolytic  |            |           |                  |                 |
| H. Attach a copy of the Table of Contents section of the existing policies and procedures manual. |            |           |                  |                 |

- I. CME Programs- Are the physicians and ancillary staff required to attend CME Programs?

Minimum number of hours of CME required per year:

- J. Physicians Compliance & Training of:

Nurses

Ancillary/Extenders

CQI Program

K. Are Patient Satisfaction Surveys utilized? Yes No Mandatory Optional  
**Please attach a sample copy.**

Average score? Facility A: Facility B: Facility C:

L. Claims Management Activities Yes No Mandatory Optional  
Incident Reporting  
Record & Track Claims  
Credentialing Protocols

M. Are Medical Records:  
Dictated  
Electronic  
Handwritten

N. If handwritten, are  
pre-formatted charts used?

O. Are PDAs used?

P. Are Scribes used?

Q. Do mechanisms to handle the following test discrepancies exist:  
***Provide copy of written procedures.***

Radiology  
Lab  
EKG  
Safety Mechanisms  
Security Mechanisms  
Compliance with COBRA

R. What is your average door to doctor time? Facility A Facility B Facility C

S. What is your average length of stay in the ED  
for non-admitted patients?

T. What is your average length of stay in the ED  
for admitted patients?

## **8. PHYSICIAN ROSTER**

***Please list all active and terminated physicians and health care extenders on separate sheet.***

**Total # listed:**

**9. REMARKS**

**NOTE:** THE POLICY YOU ARE APPLYING FOR IS ISSUED BY A RISK RETENTION GROUP. A RISK RETENTION GROUP MAY NOT BE SUBJECT TO ALL OF THE INSURANCE LAWS AND REGULATIONS OF YOUR STATE. STATE INSURANCE AND SOLVENCY GUARANTY FUNDS ARE NOT AVAILABLE TO YOUR RISK RETENTION GROUP.

**AGREEMENT:** I do hereby warrant the truth of any statements and answers mentioned herein, and that I have not intentionally withheld any information that could influence the judgment of the company in considering this application for professional liability insurance. Erroneous information and/or material misrepresentation will cause immediate rescission of the Emergency Medical Group's insurance coverage.

**AGREEMENT:** I understand that in order to underwrite professional liability insurance, the company must have access to all possible information concerning the Emergency Medical Group's professional conduct and experience. I hereby authorize and direct any medical society, medical doctor, hospital, residency program, insurance company, interindemnity arrangement, underwriter and insurance agent to furnish any information concerning the Emergency Medical Group that the company may request.

**NO KNOWN CLAIMS STATEMENT:** The undersigned warrants that as of (date) all known claims or suits for incidents which occurred between the retroactive dates as per the attached location schedule and the date this statement is signed, and all acts, incidents and/or circumstances, of which (Named Insured), its agents, employees or physician contractors are aware, and which might reasonable be expected to result in a claim under the Prior Acts coverage afforded by this policy, were disclosed in writing to \_\_\_\_\_ Insurance Company prior to the binding of such coverages.

Further, the undersigned acknowledge and agree that any claims resulting from acts committed prior to the binding of coverage, and which (Named Insured), its agents, employees or physician contractors were aware, are specifically excluded from coverage under this policy. This warranty is material to the acceptance of coverage by Emergency Physicians Insurance Company Risk Retention Group and is made a part of the insurance policy.

ACKNOWLEDGED AND AGREED:

**SIGNATURE:**

**DATE:**

**PRINTED NAME:**

**TITLE:**

## APPLICATION CHECKLIST

- \_\_\_ Letterhead attached?
- \_\_\_ Printed advertising material attached?
- \_\_\_ App completed, dated & signed?
- \_\_\_ If more than 3 facility contracts, are the rest of the facility names listed on a separate sheet?
- \_\_\_ Copy of current insurance declarations page attached?
- \_\_\_ Copy of currently valued loss runs (not more than 90 days old) for the past 6 years from all prior and current carriers attached?
- \_\_\_ All physicians and health care extenders to be covered listed on Physician Roster?
- \_\_\_ Each physician to be covered has completed the Physician Underwriting Profile Sheet? All are attached?

*Thank you*

EMPAC  
risk retention group