



Centurion

**MEDICAL PROFESSIONAL LIABILITY INSURANCE
POLICY APPLICATION**

518 Peoples Street
Corpus Christi, TX 78401
Phone: 800-774-5087
Fax: 361-726-4400
www.cmlpins.com

1. Name _____
2. Address _____
City _____ State _____ Zip _____
3. Licensed / Authorized as: Nurse Practitioner _____; Nurse Anesthetist _____; Physician Assistant _____; Other _____
Describe _____
4. How many years have you been practicing? _____
5. In which branch of your profession do you specialize? _____
6. Name, address, and type of operation of employer: _____

7. Is your employer / employment by or through a registry or temporary employment agency? Yes or No
8. Do you provide professional service other than as an employee of the above? _____
If so, please describe _____
9. Does your employer carry Professional Liability Insurance? Yes, No or Don't Know
10. If your employer does carry Professional Liability Insurance, are you covered as an additional insured under your employer's policy? Yes, No or Don't Know
11. Do you supervise the professional services of any other professionals? _____ If yes, indicate how many supervised: _____
describe, in detail, your supervisory responsibilities. _____

12. Of what professional associations or societies is applicant a member in good standing? _____

13. Do you administer or assist in the administration of general Anesthesia or Intravenous Sedatives? Yes or No
14. Unless otherwise noted hereunder, the following are true statements regarding the applicant:
 - a. Applicant is not licensed or authorized to provide any other professional services except as stated in this applicaiton;
 - b. Applicant is not a principal with any partnership, association or corporation;
 - c. Applicant is not a proprietor, superintendent, officer, director, stockholder or member of the board of directors, trustees or governors of any business enterprise which provides healthcare services;
 - d. Applicant has never has his/her license or certification revoked or suspended, nor been the subject of any disciplinary proceeding, nor been reprimanded by an administrative agency, professional association or peer committee;
 - e. Applicant has never had a claim or suit brought against him/her because of any alleged malpractice, error or mistake arising out of his/her professional services, and applicant is not aware of any circumstances which might result in such a claim or suit.
 Exceptions, if any to above (absence of entry means "no exceptions"): _____

15. Requested Effective Date _____ Retroactive Date _____
16. Limits of Liability Requested _____

I am licensed or duly authorized in all states or jurisdictions where I provided Professional services, and I DO HEREBY WARRANT the truth to my answers to the above questions, and that I have not withheld any information which is calculated to influence the judgment of the company in considering this application for insurance.

Date

Signature of Applicant