

PROFESSIONAL LIABILITY INSURANCE APPLICATION

The remainder of this Application for Appointment specifically relates to your application for professional liability insurance coverage through The University of Toledo Professional Liability Insurance Program.

NOTICE: You are applying for insurance covering liability for claims that arise from incidents, events, acts or omissions, that happen while the policy is in force; and that happen while you are acting within the course and scope of employment with The University of Toledo (“UT”) or The University of Toledo Physicians, LLC (“UTP”); and that involves professional services. This claims made coverage is limited to incidents, events, acts or omissions occurring at practice sites approved by UT.

Insurance coverage is subject to approval of The University of Toledo Underwriting Committee. Failure to provide complete information or the misrepresentation or provision of incorrect information in any part of this Application may result in a refusal to provide coverage and/or the cancellation of coverage.

1. A. If your current or previous professional liability insurance was identified in Section 11 as “Claims Made,” please explain how tail coverage is provided for any claim where the associated event happens prior to cancellation but only becomes known to you after the cancellation date of the insurance.

B. If “tail coverage” was purchased from your current or previous professional liability insurance, provide a Certificate of Insurance. If your insurance is current, provide a copy of the tail coverage or extended reporting endorsement found in your policy.

C. NOTE: Tail coverage or prior acts coverage is not included in The University of Toledo Professional Insurance Program.

2. Indicate the percentage of your total work effort in the last twelve (12) months where you were engaged in the practice of clinical patient care activities _____. Do not include the time you spend in research, teaching or non-patient care administrative duties.

3. Do you or a member of your family own, have an investment in, or otherwise have a business interest in any clinical laboratory, diagnostic testing center, hospital, ambulatory surgery center, or other business dealing with the provisions of ancillary health services, equipment or supplies?
 Yes No **If yes, please explain fully on an attached sheet of paper.**

4. List separately each hospital, clinical site, or outpatient office where you plan to practice, whether intended to be covered under University of Toledo insurance program’s coverage or another coverage. Attach a separate sheet if additional space is needed. Completion of the Practice Location Fact Sheet and Practice Location Procedure Checklist for each location is also required.

Hospital/Clinic/Office Name	City	Requesting Insurance Coverage For This Site?	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No