



## EmPRO INSURANCE COMPANY

### Healthcare Facility Nurse Practitioner/Physician Assistant Application

**IMPORTANT:** Processing of this application will be delayed if it is not completed in its entirety and the requisite attachments are not included.

1800 Northern Blvd  
Roslyn, New York 11576  
Telephone: (516) 365-6345 Fax: (516) 684-2365

**I. General Information**

- 1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
  - 2. Date of Birth: \_\_\_\_\_
  - 3. Professional Designation (check one):       Nurse Practitioner       Physician Assistant
  - 4. Registration #: \_\_\_\_\_
  - 5. Phone: \_\_\_\_\_
  - 6. Email address: \_\_\_\_\_
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**II. Education and Practice**

- 7. Name of training program attended: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 8. Year Graduated: \_\_\_\_\_
- 9. Board Certification:     Yes     No    Specialty: \_\_\_\_\_
- 10. Is there a Collaboration Agreement in place with a Supervising Physician?     Yes     No  
Name of Supervising Physician: \_\_\_\_\_ Date of Hire: \_\_\_\_\_
- 11. How many hours per week do you work on behalf of the facility: \_\_\_\_\_
- 12. Do you practice outside of this facility?     Yes     No  
If yes, do you have additional professional liability coverage?     Yes     No
- 13. List professional liability carriers for the past 10 years:

	Carrier	Policy Dates	Limits	Claims Made or Occurrence
1.				
2.				
3.				
4.				

**III. Loss information**

14. Have you ever been convicted of a crime? Yes No

If yes, explain details in **#18comments**.

15. Has any government agency ever investigated, revoked, suspended, restricted or taken any other action against you? Yes No if yes, explain details in **#18comments**.

16. Have you ever had professional liability insurance refused, declined, cancelled or accepted on special terms: Yes  No If yes, explain details in **#18comments**.

17. Have you ever had a malpractice claim or suit filed against you?  Yes  No

If yes, explain in **#18comments**.

18. COMMENTS:

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AGREEMENT: I understand that this insurance will only cover me for my professional services performed at the addresses indicated on the declarations page of the Named Insured's policy

**NOTICE**

Applicants considering claims-made coverage must take note of the following:

A claims-made policy provides no coverage for claims arising out of incidents, occurrences or alleged wrongful acts which took place prior to the retroactive date stated in the policy.

The policy covers claims actually made against the insured and incidents reported while the policy remains in effect and all coverage under the policy ceases upon the termination of the policy, except for the mandatory automatic extended reporting period of sixty (60) days, unless the insured purchases additional extended reporting period coverage which will provide coverage for an unlimited time period without any gap in coverage.

The rates for extended reporting period coverage will be based on the rates in effect at the time of termination of coverage and such rate may be subject to substantial increase over the rates currently in effect. The average statewide percentage changes, and the effective dates, of each rate revision which EmPRO has implemented in this State during the five (5) year period immediately preceding the effective date of the policy will be provided upon the written request of the insured. Such past changes may or may not be indicative of future rate changes.

Unless the insured purchases extended reporting period coverage in addition to the mandated automatic extended reporting period of sixty (60) days, there will be no coverage provided for claims-made or incidents reported after such period of sixty (60) days.

During the first few years of coverage on a claims-made basis, the annual rate is comparatively lower than occurrence rates, however, such annual rate increases significantly, independent of overall rate level increases, until the claims-made relationship reaches maturity.

This application shall be deemed appended to and a part of any policy of insurance issued to me based on this application.

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 ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date