



Application

Physician Assistants

Nurse Practitioners

Professional Liability Insurance

EmPRO INSURANCE COMPANY

Home Office: 1800 Northern Boulevard
Roslyn, New York 11576

Telephone: (516) 365-6345 Toll Free (833) 774-6625
Fax: (516) 684-2365
www.myempro.com

PLEASE READ CAREFULLY AND ANSWER ALL QUESTIONS COMPLETELY

PLEASE PRINT or TYPE all information and make sure all questions are answered in full.

Incomplete or missing answers will cause delays in processing and may result in coverage being declined.

If you have had claims or suits filed against you, please make certain you have a completed claims information form for each open suit or closed suit in the past 10 years.

Upon acceptance of your application you will be notified of premium due. Upon payment of the premium, your policy will become effective.

**FOR ASSISTANCE, APPLICANT MAY CALL OUR HOME OFFICE
AT ANY ONE OF THE NUMBERS LISTED ABOVE.**

PLEASE SUBMIT COMPLETED APPLICATION TO: EmPROApps@medmal.com

**PROFESSIONAL LIABILITY POLICY APPLICATION
TO: EmPRO INSURANCE COMPANY**

APPLICATION FOR PHYSICIAN ASSISTANTS AND NURSE PRACTITIONERS

Please note: Coverage is available on an Occurrence basis only

1. Applicant's Full Name: _____ Birth Date: _____

Applicant's Maiden Name: _____

Male Female

a) Home Address: _____

b) Home Phone Number: _____

c) Practice Location: _____

City/County _____ State _____ Zip code _____

d) Office Phone Number: _____ Email Address: _____

2. If my application is approved, make coverage effective on _____ if possible,
otherwise on any other date set by the COMPANY.

a) Specialty practicing _____

b) Specialty for which you want coverage with EmPRO _____

c) Do you participate in telemedicine? ____ YES ____ % of telemedicine practice
____ NO

If yes, please describe your telemedicine activities _____

3. Physician Assistant Nurse Practitioner

License Number: _____

*** Please attach copy of registration with application.**

4. Social Security Number: _____

5. Education and Practice

What P.A./N.P. training program did you attend?

Name

City/State/Country

Year Graduated: _____

6. Practice/Insurance Information

Indicate rate for which you are applying:

- _____ Full Time
- _____ Part Time (requesting coverage for 20 hours total or less a week)
- _____ Locum Tenens (per diem rate for substitution for another Insured)
- _____ New Practitioner (new to private practice)

Please complete the following regarding any practice outside of the location for which you are applying for coverage:

<u>Name and Address of Location</u>	<u>No. of Hours worked per week</u>	<u>Insurance Carriers</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

7. List all locations where you have practiced in the last 10 years:

<u>Street</u>	<u>City</u>	<u>State</u>	<u>From/To</u>
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- a) _____
- b) _____
- c) _____
- d) _____

8. List malpractice coverage for past 10 years:

<u>Name of Carrier</u>	<u>Dates Covered From / To</u>	<u>Limits of Liability</u>	<u>Claims Made or Occurrence</u>	<u>Number of Claims</u>
1.				
2.				
3.				
4.				
5.				

9. Governmental Action

a. Has any governmental agency **ever** investigated, suspended, revoked, or taken any other action against either your narcotic license, your license to practice or your registration?

Yes No

If yes, explain in Remarks, #15

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

If yes, explain in Remarks, #15

10. Health

Do you have any health problem, illness or physical condition that impairs or could tend to impair your ability to practice your medical specialty?

Yes No

If yes, explain in Remarks, #15

If yes, please submit a letter from your treating physician addressing your state of health and whether any condition exists which could adversely affect the practice of your medical specialty.

11. Claims or Suits

Have you **ever** been named as a defendant in a malpractice claim or suit, or are you presently involved in malpractice litigation?

Yes No

If yes, submit a separate form for each case in the last 10 years (see “CLAIM INFORMATION”).

12. The following statement summarizes the supervisory relationship I have with my physician employer.

My employing physician is physically supervising me at all times.

My employing physician is physically supervising me except when I am making house calls.

My employing physician is supervising me remotely. I am always able to get in contact with my supervising physician.

13. We ask that you delineate below the duties you will perform in your role as physician assistant or nurse practitioner.

While employed by _____, EmPRO insured.

14. What is the supervising physician’s method for evaluating the quality of care by the Nurse Practitioner or Physician’s Assistant?

a) Supervising Physician’s Specialty: _____

b) Supervising Physician Principal Office Address: _____

City/County _____ State _____ Zip Code _____

c) How often does your designated supervising physician intend to review patients records that are treated by the Physician Assistant/Nurse Practitioner? _____

Signature: EmPRO Physician
Insured

Physician
Policy No.

Signature: Physician Assistant
or Nurse Practitioner

15. Remarks:

16. You may appoint a policy administrator authorized to receive all communications, make requests and give instructions on your behalf with regards to your policy, except for consenting to settlement of a claim if such consent is required by the policy. Please identify the policy administrator by completing the below:

Name: _____

Title: _____

Address (mailing) _____

Phone _____

Fax _____

E-mail _____

I understand that in order to underwrite professional liability insurance, the COMPANY must have access to all possible information concerning my personal and professional life. I hereby authorize and direct any medical society, medical doctor, hospital, residency program, insurance company, underwriter, and insurance agent to furnish any information concerning me or my medical practice, which the company may request.

Since I understand that free exchange of information is essential, I agree that any person or organization furnishing information to the COMPANY pursuant to this consent and direction, together with the agents, employees, or officers of such person or organization will not be liable to me in any way for furnishing such information, even if the information is wrong.

I understand and agree that, if I am approved as a policyholder of the COMPANY and a policy is issued to me, there is a continuing obligation on my part to update and keep current all of the information furnished by me as part of this application.

The application form duly completed, together with any supplementary information, must be signed in ink by the applicant. Signature of the form does not bind the applicant to the COMPANY with this application.

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

My signature on this application shall be deemed to be a concurrent execution of the attached Subscriber's Agreement of Physicians' Reciprocal Insurers ("PRI"). I understand that in order to maintain my status as a policyholder of EmPRO Insurance Company, I must maintain my status as a subscriber of PRI. Termination of either contract shall result in the automatic termination of the other.

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any 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."

Signature: _____ Date: _____

Please check the box if you are submitting this application electronically to EmPRO Insurance Company. By doing so, you hereby consent and agree that your use of a key pad, mouse, or other device to check the electronic signature and acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

I fully understand that by checking this box I am accepting the terms and conditions stated above.

CLAIM INFORMATION:

1. Name of Patient: _____
2. Age: _____
3. Sex: _____
4. Allegation and your relationship to patient

5. Date of Incident: _____
6. Location: _____
7. Insurance Carrier: _____
8. Other Defendants: _____
9. Present Status: Open Claim
Closed Claim _____ Loss \$ _____ Date Closed _____
Settlement _____ Judgment _____
10. Condition and diagnosis at time of incident:

11. Dates and description of treatment rendered:

12. Condition of patient subsequent to treatment and DATES OF FOLLOW-UP
TREATMENT

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 violation.

Signed: _____ Date Signed: _____

**PHYSICIANS' RECIPROCAL INSURERS
SUBSCRIBER'S AGREEMENT AND POWER OF ATTORNEY**

This Subscriber's Agreement and Power of Attorney (the "Agreement") is made by and between Physicians' Reciprocal Insurers (hereinafter "PRI") and the "Subscriber," holder of an insurance policy, to which this Agreement is appended, issued by PRI or by a wholly owned subsidiary of PRI, subject to the approval of those insurance regulator(s) having jurisdiction over holders of policies issued by any subsidiary of PRI under the laws of states other than New York. For purposes of this Agreement, PRI and its wholly owned subsidiary are hereinafter, collectively, the Exchange.

WHEREAS, the Subscriber desires to participate as a subscriber of the Exchange pursuant to which PRI or its wholly owned subsidiary will issue policies of insurance.

NOW THEREFORE, the Subscriber hereby agrees as follows:

POLICIES OF INSURANCE

1. The Exchange shall issue non-assessable policies of professional liability insurance and ancillary general liability insurance to policyholders insuring against liability for claims arising from alleged incidents of malpractice.

ATTORNEY-IN-FACT

2. The Subscriber hereby designates and appoints PRIMMA LLC, a wholly owned subsidiary of PRI, ("PRIMMA") as the Attorney-in-Fact to act for and bind the Subscriber in all transactions relating to or arising out of the operations of PRI, subject to such limitations as may be lawfully provided, including, but not limited to, the issuance of non-assessable policies of professional liability insurance and ancillary general liability insurance issued to policyholders insuring against liability for claims arising from alleged incidents of malpractice on behalf of the Exchange as well as the authority to reinsure any portion of the policies of liability insurance issued by the Exchange as permitted by law.
3. The Subscriber hereby acknowledges and agrees that service of summons or other legal process on PRIMMA or on any persons appointed by PRIMMA to receive such process, shall, in any action, suit or proceeding arising out of any contract, agreement or transaction of the Exchange, be equivalent to personal service of such summons or other legal process on each and every Subscriber.

POWERS AND DUTIES OF PRIMMA

4. PRIMMA shall have the duty to provide all services necessary and appropriate to operate and administer the day-to-day affairs of PRI as provided by law and the Management Agreement between PRI and PRIMMA, including, but not limited to, marketing, procuring and underwriting insurance business; collecting premiums; and administering, investigating and defending claims arising from policies of insurance issued by the Exchange.
5. In April of each year, PRIMMA shall render to Subscribers a statement showing a summary of collective transactions of PRI during the preceding calendar year.

BOARD OF GOVERNORS

6. PRI shall be governed by an advisory committee, known as the "Board of Governors," which shall have ultimate power and responsibility for the management and control of the affairs of PRI. The Board of Governors shall consist of not less than nine persons elected by the Subscribers, at least two-thirds of whom are Subscribers or officers of Subscribers and not more than one-third of whom may be the Attorney-in-Fact or any person designated by the Attorney-in-Fact. Each member of the Board of Governors shall serve for a term of three years, and not more than one-third of the Board members shall be elected at each annual meeting of Subscribers.
7. There shall be an Annual Meeting of Subscribers held in New York State, a place and time to be chosen each year by the Board of Governors and designated in a Notice of Meeting sent to all Subscribers no less than 30 days prior to such meeting, and at which meeting each Subscriber shall have power to vote in person or by proxy for all members of the PRI Board of Governors to be chosen or appointed at such time. Each Subscriber will be sent a ballot which will contain the names and addresses of the Board of Governors' nominees.

8. At the Annual Meeting, the election of the Board shall take place and all ballots not returned shall be deemed to designate the Chairman as the proxy holder of the non-responding Subscribers. The Chairman will then conduct the election and certify the election of the nominated Subscribers.
9. A majority of the members of the Board of Governors shall constitute a quorum for the transaction of business.
10. If the Exchange should for any reason cease to grant insurance to a Subscriber member of PRI's Board of Governors, or their firm or corporation, such person shall thereupon cease to be a member of said Board.
11. No member of the Board of Governors shall as such incur any personal liability for any loss of any kind, from any cause, save only such loss as may be incurred by reason of their own malfeasance.

POWERS AND DUTIES OF THE BOARD OF GOVERNORS

12. The Board of Governors shall have full power and authority to:
 - a. Adopt such rules and regulations for PRI and PRIMMA, as Attorney-in-Fact for PRI, not inconsistent herewith, as it shall see fit, including, but not limited to, fixing the compensation of PRIMMA, as the Attorney-in-Fact for PRI as provided in the PRI-PRIMMA Management Agreement, and directing PRIMMA in the safeguarding of all moneys and other assets and in making and changing of investments of PRI.
 - b. Suspend, remove, and terminate PRIMMA, as Attorney-in-Fact, for good cause pursuant to the terms of the the PRI-PRIMMA Management Agreement.
 - c. Fill any vacancy which may occur in the office of the Attorney-in-Fact at any time, by selecting and appointing a successor and executing thereto in the name and on behalf of each Subscriber such power of attorney, designation or other instrument as may be necessary or proper to enable it to act as Attorney-in-Fact with all the powers and authority herein given by the Subscribers to the aforesaid Attorney-in-Fact, without any further action on the part of Subscribers; and the Board of Governors shall mail to each Subscriber timely notice of each and every such change made.
 - d. Fill for the unexpired term any vacancy which may occur for any reason in the Board of Governors.
 - e. Fix its own fees from time to time within such limits as hereafter may be provided in the regulations adopted by it.
 - f. Appoint sub-committees of the Board of Governors and delegate to such sub-committees authority to exercise any or all of its own powers except as herein otherwise provided.
 - g. Fix the time and places of its own meetings.
 - h. Elect officers, which shall include a Chairman.
 - i. Select auditors who shall examine the books and accounts of PRI and report thereon to said Board.
 - j. Call annual meetings or special meetings of Subscribers at any time, by mailing to the last known address of each timely notice thereof stating when and where said meetings are to be held.
 - k. Determine what acts, incapacity or failure to act shall constitute a disqualification of any Subscriber to act further as such.

SUBSCRIBER RIGHTS, PRIVILEGES AND OBLIGATIONS

13. The Subscriber shall have the following rights, privileges and obligations as an underwriter of PRI, subject to the terms of the insurance contracts required or permitted by law to be issued:
 - a. The Subscriber hereby agrees to exchange with all other Subscribers contracts of liability insurance, or reinsurance, in the form and containing terms and conditions as are approved by the Exchange, but no Subscriber shall assume any liability as an insurer in any policy so granted.
 - b. Upon application and acceptance, the Subscriber shall receive a policy of liability insurance and a copy of this Agreement appended thereto.

- c. The Subscriber shall have the right to vote at all meetings of Subscribers, either in person or by proxy. All meetings of Subscribers shall be noticed by mail to all Subscribers not less than thirty (30) days prior to such meeting. The notice may include ballot materials concerning any matters requiring a vote at such meeting, which ballots must be completed and returned to PRI as noticed. On the scheduled date of a meeting of Subscribers, a vote on all previously noticed transactions shall take place and all ballots not returned shall be deemed to designate the Board of Governors, voting by a simple majority, as the proxy holder of the non-responding Subscribers.
- d. The Subscriber reserves the right to revoke this Agreement and the Power of Attorney granted to PRIMMA herein as of the end of any calendar quarter upon written notice to PRIMMA.
- e. In the event that PRI shall declare and make a Distribution to Subscribers and Non-Subscriber Policyholders, each Subscriber and Non-Subscriber Policyholder shall receive its Pro Rata Share of such Distribution. “Pro Rata Share” means, as of any date of determination, a percentage determined by dividing (i) the amount of annual premium payable under the Subscriber’s or Non-Subscriber Policyholder’s policy then in effect, by (ii) the total amount of annual premium payable under all policies issued by PRI and its subsidiaries then in effect, unless governing law provides otherwise. The date for determining the Pro Rata Share shall be established by the Board of Governors in conjunction with the authorization of any Distribution and shall, to the extent required, be approved by the New York State Department of Financial Services. “Distribution means a dividend, a cash payment, or any benefit inuring to Subscribers in conjunction with any restructuring of PRI. “Non-Subscriber Policyholder” means holders of policies issued by any subsidiary of PRI in a state in which policyholders are not permitted by applicable insurance law or regulation to be Subscribers, but have been allowed by applicable insurance law to economically participate in a Distribution as if they were Subscribers.

GENERAL PROVISIONS

- 14. PRI shall maintain a surplus to policyholders at least equal to the amount required to be maintained by Section 4103 of the New York Insurance Law for a similarly licensed stock property/casualty insurance company.
- 15. It is understood that the license of PRI and all other documents, data systems, books and records used in conducting the business of the Exchange are and shall remain the property of PRI.
- 16. This Agreement and the Power of Attorney herein contained shall supersede all previous Agreements and Powers of Attorney, if any, executed by all Subscribers, but any and all outstanding policies of liability insurance written under powers so superseded shall continue in full force and effect.
- 17. It is hereby expressly stipulated that this Power of Attorney shall be and hereby is strictly limited to uses contemplated by and expressed in this Agreement and no other.
- 18. All amendments, modifications or changes to this Agreement must be approved by the Board of Governors, may not be inconsistent with New York Insurance Law or any regulation thereto, and must be approved, in writing, by the Superintendent of the New York State Department of Financial Services prior to making such amendment, modification or change.
- 19. Every amendment, modification or change to this Agreement shall be submitted to all Subscribers contemporaneously in accordance with New York Insurance Law Section 6107(d)(4) and shall take effect as to all Subscribers who have not objected within sixty (60) days after the date of such submission. Failure of any Subscriber to object within sixty (60) days shall constitute such Subscriber’s acceptance of such amendment, modification or change. Any Subscriber who objects, in writing, within sixty (60) days from the date of submission to such amendment, modification or change shall be deemed to have withdrawn from membership of the PRI and said Subscriber’s liability insurance policy(s) with the Exchange shall be cancelled concurrent with such withdrawal.
- 20. In consideration of the foregoing, the Subscriber does hereby covenant and agree that Subscriber will fully and faithfully carry out, execute and perform everything in which PRIMMA shall, by virtue hereof, bind Subscriber, and in the same manner Subscriber does hereby ratify and confirm all that PRIMMA may lawfully do or cause to be done by virtue hereof.
- 21. This Agreement shall be governed by the laws of the State of New York.
- 22. Pursuant to Section 6106(a)(2) of the New York Insurance Law, the acceptance of a policy or binder of insurance with this Agreement printed thereon preceded by the words: “The acceptance of this policy or binder, shall constitute that execution and delivery by the insured of the Subscriber’s Agreement, which is appended to this policy or binder, and hereby made a part thereof,” shall constitute the execution and delivery of this Subscriber’s Agreement by that insured as fully and to the same extent as though this Agreement has been signed and acknowledged by the insured.