PODIATRIC PHYSICIANS PROFESSIONAL LIABILITY *RENEWAL APPLICATION*

Rockwood Programs, Inc.
4001 Miller Road
Wilmington, DE 19802-1999
Tel: 800-365-0816 • Fax: 302-764-9125
www.rockwoodinsurance.com

All questions must be answered completely. If the answer to any question is NONE or NOT APPLICABLE, please so state. The application and all supplemental forms must be signed and dated by the applicant.

EXPIRING POLICY NUMBER: ______________________ **EXPIRATION DATE:** ______________________

GENERAL INFORMATION

1. Name of Podiatric Physician: ______________________

2. Office Address: ☐ Same as Last Year ☐ New Address—Please Provide:

Street ______________________

City ______________________ State ________ Zip ________

County ______________________

Tel (____) __________ Fax (____) __________ Email ______________________

1. Do you request any changes to your coverage from the expiring terms and conditions? . . . . ☐ Yes ☐ No
If "Yes", please contact Rockwood Programs at 800-365-0816.

2. Do you have ownership interest in a legal corporation, partnership or professional association? . . . ☐ Yes ☐ No
***Note:** All in the physicians in the group must carry the same limits of liability and agree to the same option.*
☐ Do not add this entity to my policy.
☐ Add this entity with a SINGLE (shared) set of limits.
☐ Add this entity with a SEPARATE set of limits (additional charges apply.
Full Corporate, Partnership or Association name:
____

3. What percentage of your practice involves:

Sports Medicine ______% Diabetic Patients ______%

Children . . . . . . ______% Routine Podiatric Care . . . ______%

Other *(list)*: ______________________ ______%

4. Are you involved in the practice of medicine in any other capacity?. . . . . . . ☐ Yes ☐ No *If "Yes", please explain:*
____
____

5. Estimate the amount of time spent practicing in the following locations: Office ______% **+** Hospital ______%

+ Other Facility* ______% **= 100 %**

**Please describe other facility:* ______________________
____

6. Are you currently in active, full time practice? ☐ Yes ☐ No
If "No", please complete Part-Time Practice Supplement.

7. How many hours do you practice per week? ________

8. List the number of annual procedures you perform:
Non-surgical ________ Soft tissue ________ Osseous surgery ________

9. Do you provide post-operative care? . . . . ☐ Yes ☐ No

10. Estimate annual percentage of time you spend performing the following procedures *(total of all categories must equal 100%)*:

Nail-related procedures........ ______%
Osseous surger on metatarsal .... ______%
Abscess incision and draining...... ______%
Surgery on Achilles .... ______%
Tendon/Tendon Transfer Surgery ______%
Ankle/Joint/ Lower Leg Surgery ______%
Excision of molluscum contagiosm, cysts and other benign lesions .... ______%
Osseous surgery on tarsals .... ______%
Minimal incision foot surgery*...... ______%
Other................ ______%

**If you do any minimal incision foot surgery, complete the following:*
Average number of monthly procedures on:

Digits ________ *Metatarsals* ________ *Tarsals* ________

11. Have you changed your area of practice by focusing in a specialty or involved in more complex procedures since last year's application? ☐ Yes ☐ No *If "Yes", please explain:*
____
____
____
____

12. Have any of the following occurred since last years application: *If you answer "Yes" to any of the following, please provide details on a separate sheet of paper.*

a. Been convicted for violation of any law or ordinance other than minor traffic offenses? . . . . ☐ Yes ☐ No

b. Been treated for alcoholism or drug addiction? . . . . ☐ Yes ☐ No

c. Had any chronic illness or physical defect that affected your ability to practice podiatry? ☐ Yes ☐ No

d. Had any hospital privileges suspended or revoked? . . . . ☐ Yes ☐ No

e. Had any practicing privileges with an HMO, PPO or other managed care facility suspended or revoked? . . . . ☐ Yes ☐ No

f. Has your podiatric license been suspended, revoked, voluntarily surrendered, subject to probation; or have you been found guilty of violating any ethics codes, professional misconduct, incompetence or negligence by any state licensing board or professional ethics bodies? . . . . ☐ Yes ☐ No

g. Has your narcotics or D.E.A. license been subject to probation, revocation, or suspension? . . . . ☐ Yes ☐ No

If "yes", please explain on a separate sheet

CLAIMS HISTORY

1. Since last years application, has any professional liability claim or suit been made against you, your predecessors in business or against any past or present partner and not been previously reported to us? . . . . ☐ Yes ☐ No

If yes, please complete the supplemental form attached.

2. Since last years application, are there any circumstances of which you are aware, not already reported to the company, that may result in any professional liability claim or suit being made against you, your predecessors in business or against any past or present partner(s)? . . . . ☐ Yes ☐ No

If yes, please provide details on a separate sheet of paper.

3. Since last years application, have any professional liability claims or suits been made or brought against any of your employees or any member, stockholder or partner of your professional association, professional corporation or partnership and not been previously reported to us? . . . . ☐ Yes ☐ No

If yes, please provide details on a separate sheet of paper.

THE UNDERSIGNED DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE U DERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME A PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THE APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THE APPLICATION AND MADE A PART HEREOF.

NOTICE TO ARKANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO COLORADO APPLICANTS: "IT IS UNLAWFUL TO KNOW INGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES."

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO FLORIDA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE."

NOTICE TO KENTUCKY APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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."

NOTICE TO LOUISIANA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO MAINE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

NOTICE TO NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO NEW YORK APPLICANTS: "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."

NOTICE TO OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

NOTICE TO OKLAHOMA APPLICANTS: "WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY" (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: "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 SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO VIRGINIA APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

Applicant's Signature ______________________________ Date ______________

Title ______________________________

Name of Agent ______________________________

Submitted by ______________________________ Date ______________

Address ____

City ______________________________ State ________ Zip __________

Florida License #: ______________________________