

PODIATRIC PHYSICIANS PROFESSIONAL LIABILITY APPLICATION *PART-TIME* *PRACTICE SUPPLEMENTAL*



Rockwood Programs, Inc.
4001 Miller Road
Wilmington, DE 19802-1999
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www.rockwoodinsurance.com

A part-time discount will be provided to qualified Podiatric Physicians whose total practice to be covered under the insurance policy will not exceed twenty hours in any given week.

How many hours weekly do you spend in your medical practice? *(You should include paperwork, consulting, lab time, and hospital hours.)*
Please print clearly.

	<u>Hours In Office</u>	<u>Nursing Homes</u>	<u>In Hospital</u>	<u>Other*</u>	<u>Name of Facility</u>	<u>Total Hours</u>
Sun.	_____	_____	_____	_____	_____	_____
Mon.	_____	_____	_____	_____	_____	_____
Tues.	_____	_____	_____	_____	_____	_____
Wed.	_____	_____	_____	_____	_____	_____
Thurs.	_____	_____	_____	_____	_____	_____
Fri.	_____	_____	_____	_____	_____	_____
Sat.	_____	_____	_____	_____	_____	_____

*Other (Please describe): _____

Please provide the reason you are practicing on a part-time basis: _____

As a further condition for a part-time discount, I herein consent to an audit of my records, if deemed necessary, to substantiate the limited hours of practice to be covered under the insurance policy. Furthermore, I understand that my failure to notify the insurance company of any change in hourly status could result in coverage being cancelled or non-renewed.

Signature _____ Date _____