

CHIROPRACTIC SUPPLEMENTAL APPLICATION

For Florida Only

Return Applications to: **Rockwood Programs, Inc.**
3001 Philadelphia Pike, Claymont, DE 19703

Tel: 800-365-0816 • Fax: 302-764-9125 • www.rockwoodinsurance.com

Applicant Name _____

I.a. General Information: Chiropractic applicants must complete the following additional general information questions.

A. Please indicate the number of each of the following who provide services in your office (please include yourself):

SPECIALTY	NUMBER WHO PROVIDE SERVICES IN YOUR PRACTICE	³ NUMBER REQUESTING SHARED LIMITS	NUMBER REQUESTING SEPARATE LIMITS	ARE ALL LICENSED OR CERTIFIED?
CHIROPRACTOR		¹ NOT AVAILABLE		<input type="checkbox"/> Yes <input type="checkbox"/> No
DIETICIAN/NUTRITIONIST				<input type="checkbox"/> Yes <input type="checkbox"/> No
CHIROPRACTIC ASSISTANT/TECHNICIAN				<input type="checkbox"/> Yes <input type="checkbox"/> No
ACUPUNCTURIST				<input type="checkbox"/> Yes <input type="checkbox"/> No
ACUPUNCTURIST TECHNICIAN				
MASSAGE THERAPIST				<input type="checkbox"/> Yes <input type="checkbox"/> No
PHYSICIAN, MD/DO (LIST SPECIALTY):		¹ NOT AVAILABLE	² NOT AVAILABLE MUST APPLY SEPARATELY	<input type="checkbox"/> Yes <input type="checkbox"/> No
OCCUPATIONAL THERAPIST				<input type="checkbox"/> Yes <input type="checkbox"/> No
OCCUPATIONAL THERAPIST AIDE/ASST.				<input type="checkbox"/> Yes <input type="checkbox"/> No
PHYSICAL THERAPIST				<input type="checkbox"/> Yes <input type="checkbox"/> No
PHYSICAL THERAPIST AIDE/ASST.				<input type="checkbox"/> Yes <input type="checkbox"/> No
X-RAY TECHNICIAN				<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER (LIST SPECIALTY):			¹ MAY NOT BE AVAILABLE	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: ¹ Some specialties are not eligible for shared limit coverage.

² Physicians (MD/DO) may apply separately for coverage at www.MedPro.com.

³ Shared limit coverage may be limited or not available in some states.

III.a. Individual Applicant Information: Each Chiropractor applicant must complete the following additional questions specific to his/her specialty. (Please make copies if multiple applicants are applying.)

APPLICANT NAME: _____

A. Have you completed a risk management program within the past 12 months? Yes No

*Please attach a copy of your certificate of completion.

SPECIFIC TO YOUR STATE(S) OF PRACTICE, IF YOUR LICENSE SCOPE OF PRACTICE INCLUDES NEEDLE ACUPUNCTURE, MANIPULATION UNDER ANESTHESIA OR CHIROPRACTIC PROCEDURES ON ANIMALS, PLEASE COMPLETE THE FOLLOWING:

B. Are you applying for Medical Protective coverage for needle acupuncture? Yes No

*Please attach a copy of your specialty degree of competence and/or state certification.

If Yes, please select all that apply:

___ Trained to perform Needle Acupuncture ___ Certified Acupuncturists ___ Acupuncture is within my state(s) licensed scope of practice

C. Are you applying for Medical Protective coverage for Manipulation Under Anesthesia (MUA)/Manipulation Under Joint Anesthesia (MUJA)? Yes No

*Please attach a copy of your MUA/MUJA certification(s) and complete the Anesthesia Supplement.

If Yes, please select all that apply: ___ Certified in MUA/MUJA ___ MUA/MUJA is within my State(s) License Scope of Practice

D. Do you perform chiropractic procedures on animals? Yes No

*Please attach a copy of your specialty degree of completion and/or state certification.

___ Certified ___ Animal chiropractic procedures within my state(s) licensed scope of practice

III.a. Individual Applicant Information: (continued) Each Chiropractor applicant must complete the following additional questions specific to his/her specialty. (Please make copies if multiple applicants are applying.)

APPLICANT NAME: _____

E. Will you be performing activities which will be covered by another professional liability contract? Yes No

1. If Yes, are you a(n): Employee Independent Contractor Resident/Fellow Faculty

Practice Name: _____

Location: _____

Name of Insurer: _____

2. If Yes to Question E. above, are you requesting that Medical Protective exclude coverage for the practice listed above? Yes No

MANDATORY: All FLORIDA applicants must read and initial the following:

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 of the third degree.

Initial Here