

PROFESSIONAL LIABILITY INSURANCE APPLICATION SELF-EMPLOYED NURSE PROFESSIONALS

Broker ID# _____ (internal use only)

HOW TO APPLY:

1. Complete application below.
2. Note the premium below for the policy you selected.
All premiums are annual.
3. Return your completed application, along with your annual premium, to the address provided.

All coverages elected must be under the same policy limits. Coverage is effective the date your application is approved and payment is received. Please allow three to four weeks for delivery of your certificate. Please print all information. Visit www.proliability.com for more information and to view available professions for applying online.

FOR RESIDENTS OF TEXAS ONLY.

NOTE: Nurse anesthetists and nurse midwives are not eligible for coverage. If you own a home health care or temporary staffing agency, you are not eligible for this program; please contact administrator for proper application.

Receive a 10% Premium Credit! See if you qualify for one of these four ways to save. You will receive a 10% premium credit if you complete or participate in one of the following:

1. Attend an approved loss prevention/loss control/risk management seminar. The seminar must be at least four hours in length. The seminar credit will be on a per policy basis (one seminar, one credit, one annual policy period).
2. Hold a certification from AANPCP, ANCC or other certifying bodies.
Accepted certifications include: AOCN®, CCCN, CCNS, CCRN, CNOR, COCN, CPNP, CPON, CRNFA, CRRN, CWCN, CWOCN, LNCC, NCSN, NP-C, OCN®, and PCCN.
3. Employment at a Magnet Hospital.
4. Employment in a unit that has received the Beacon Award for Critical Care Excellence. The credit may only be applied once. If you are self-employed with employees, at least 50% of all professionals must provide proof of attendance to qualify for the credit.
Example: Premium selected x 90% = payment due (round to the nearest whole dollar).

1. APPLICANT INFORMATION (Applicant Must Complete)

BUSINESS/CORPORATE NAME/DBA/YOUR NAME, IF NOT INCORPORATED

FEDERAL TAX I.D. #

NAME OF OWNERS, PARTNERS AND CORPORATE OFFICERS WHO ARE ACTIVE IN THE BUSINESS AND THEIR PROFESSIONAL OCCUPATION

ADDRESS

CITY

STATE

ZIP

BUSINESS PHONE

FAX #

HOME PHONE#

E-MAIL ADDRESS

DATE OF BIRTH

SOCIAL SECURITY #

2. DEFINITIONS

Employed means you receive a W-2 and are not an owner of the legal entity that issues your W-2. Individual Employed coverage is not available if you have employees or independent contractors working on your behalf. If Employed, please call the administrator for the correct application.

Self-Employed is a professional who functions full or part-time as an independent agent with private patients, or as the owner of a business, paid on a fee-for-service basis.

S.C. WWW

BE SURE TO COMPLETE ALL PAGES AND SIGN 

3. SELF-EMPLOYED INDIVIDUALS

Self-Employed is a professional who functions full or part-time as an independent agent with private patients, or as the owner of a business, paid on a fee-for-service basis.

ANNUAL LIMITS AND PREMIUMS

\$100,000 per incident/occurrence \$200,000 per incident/occurrence
\$300,000 annual aggregate \$600,000 annual aggregate

Professional Designation

A. A premium must be paid for all owners active in the business

LPN LVN Aide Assistant

() x \$206 = \$_____ () x \$218 = \$_____

No Labor or Delivery

RN CNS (without prescriptive or medical diagnostic authority)

() x \$206 = \$_____ () x \$218 = \$_____

Obstetrical Labor & Delivery

RN CNS (without prescriptive or medical diagnostic authority)

Full-time (more than 20 hrs/week) () x \$894 = \$_____ () x \$947 = \$_____

Part-time (20 hrs/week or less) () x \$447 = \$_____ () x \$474 = \$_____

NP CNS (with prescriptive or medical diagnostic authority)

Class 1: Adult, Critical Care, Family Planning, Gerontology, Oncology, Women's Healthcare

Full-time (more than 20 hrs/week) \$787 \$834

Part-time (20 hrs/week or less) \$394 \$417

Class 2: Psychiatric & Mental Health

Full-time (more than 20 hrs/week) \$1125 \$1192

Part-time (20 hrs/week or less) \$563 \$596

Class 3: Community Health, Family, Maternal & Child, Medical-Surgical, Neonatology, Pediatric, School

Full-time (more than 20 hrs/week) \$1462 \$1549

Part-time (20 hrs/week or less) \$731 \$775

Class 4: Obstetrical Labor and Delivery

Full-time (more than 20 hrs/week) \$1800 \$1907

Part-time (20 hrs/week or less) \$1800 \$1907

Other (owner who is not a nurse)

() x \$_____ = \$_____ () x \$_____ = \$_____

(specify and contact administrator for premium)

B. A premium must be paid each employee

Nurses (if other than General Duty RN,

() x \$206 = \$_____ () x \$218 = \$_____

Contact administrator for premium)

LPN's, LVN's, Aides, Assistants

() x \$206 = \$_____ () x \$218 = \$_____

Other _____

() x \$_____ = \$_____ () x \$_____ = \$_____

(specify and contact administrator for premium)

TOTAL PREMIUM (section 3)

\$_____ \$_____

4. OPTIONAL COVERAGES (FOR SELF-EMPLOYED INDIVIDUALS AND BUSINESS ONLY)

ANNUAL LIMITS AND PREMIUMS

\$100,000 per incident/occurrence \$200,000 per incident/occurrence
\$300,000 annual aggregate \$600,000 annual aggregate

General Liability

(property owned or rented by the named insured)

1st Location \$80 \$85

() x \$34 = \$_____ () x \$36 = \$_____

Additional Location(s)

Additional Insured: Premium rate is for each additional insured named.

Please attach name and address for each facility.

Professional Liability Only

() x \$84 = \$_____ () x \$89 = \$_____

General Liability Only (available only if **General Liability** is purchased above)

() x \$17 = \$_____ () x \$18 = \$_____

Professional & General Liability (available only if **General Liability** is purchased above)

() x \$101 = \$_____ () x \$107 = \$_____

TOTAL OPTIONAL COVERAGE PREMIUM (section 4)

\$_____ \$_____

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5. PREMIUM CREDIT (CALCULATE YOUR PREMIUM)

This premium credit is based upon the size of the group at the time coverage is purchased. Credits apply as follows: Groups of 2-9 professionals, 4%; Groups of 10-14 professionals, 8%; Groups of 15 or more professionals, 12%.

LIABILITY PREMIUM (section 3) _____

LESS RISK MANAGEMENT OR CERTIFICATION CREDIT OR MAGNET HOSPITAL

EMPLOYMENT CREDIT OR BEACON AWARD FOR CRITICAL CARE EXCELLENCE

of 10% (IF APPLICABLE) _____

If using magnet hospital employment credit, please list name of hospital _____

SUBTOTAL PREMIUM _____

PLUS OPTIONAL COVERAGES (section 4) _____

SUBTOTAL PREMIUM _____

LESS PREMIUM CREDIT (SIZE OF GROUP), IF APPLICABLE _____

TOTAL PREMIUM DUE(ROUND TO NEAREST WHOLE DOLLAR) _____

6. UNDERWRITING DATA

All applicants must answer all questions. (Attach an explanation for all "YES" responses on a separate sheet of letterhead. The word "YOU" applies to all business owners, partners, officers, employees and volunteers.)

1. Have you or any of your employees ever had the following: revoked, suspended, refused, denied renewal, placed on probation, cancelled or voluntarily surrendered or is such an action pending? (If Yes, explain on a separate sheet of paper, please include dates, allegations and amounts.)

State License or Certification YES NO
Malpractice Insurance YES NO

2. Has any claim or suit ever been brought against you or any of your employees or are you or any of your employees aware of any incident that might reasonably lead to a claim or suit? (If Yes, explain on a separate sheet of paper, please include dates, allegations and amounts.)

YES NO

3. Please describe the services or clinical activities you provide. Include a copy of your business brochure (if applicable).

4. Do you own or operate a home health-care or temporary staffing agency? YES NO

If "YES," you are not eligible for coverage under this program. Please contact the administrator for the correct application.

5. Do you own or operate an overnight bed or board facility? YES NO

6. Do you engage in any medical enterprise other than nursing? YES NO

If "YES" coverage may not be available for other professions, please contact the administrator for eligible professions.

7. Do you rent or sell any products? (Products Liability is not provided) YES NO

If "YES," describe products and provide percentage of revenue derived from sales.

8. Do you own or operate an on-site laboratory? YES NO

If "YES" you are not eligible for coverage under this program.

9. Do you interpret test results? YES NO

If "YES" you are not eligible for coverage under this program.

10. Do you perform any plasmapheresis services? YES NO

If "YES" please describe services performed.

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11. Do you perform any of the following services or treatment?
- | | | |
|---|------------------------------|-----------------------------|
| Blood banking or storage | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| X-ray services including interpretation | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Cytology testing including interpretation | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Elective cosmetic procedures such as micropigmentation, microdermabrasion, botox, or laser hair removal | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
12. Do you utilize independent contractors? YES NO
 If "YES," evidence of malpractice insurance equal in limits of coverage to your own is required.
 Please attach Evidence of Insurance. (No coverage is provided to independent contractors)
13. Are there any physicians who are owners, principals, partners, or employees of your business? YES NO
 If "YES," attach a copy of their individual professional liability policy and describe the position held.
 (No coverage is provided to physicians)
14. What percentage of your, or your employees and/or independent contractors, work week is related to services provided at or on behalf of a Nursing Home, Assisted Living Facility, or Long-term Assisted Living facility? _____%

I understand that I am not covered by this insurance if I render or fail to render any professional services as the following: physician, surgeon, dentist, nurse midwife, nurse anesthetist, perfusionist, electroneurodiagnostic technologist, cytotechnologist, radiation therapist, chiropractor, podiatrist, osteopath or psychiatrist. I understand that these professional occupations are excluded from coverage. I understand that this insurance will not apply to any partner, principal or owner of a residential/overnight facility. The insurance described herein is subject to the terms, conditions and exclusions of the insurance certificate. This insurance is excess when other insurance applies to a loss.

In order to enhance the stability of this professional liability insurance program, coverage has been organized through a purchasing group, pursuant to legislation, known as the Federal Liability Risk Retention Act of 1986, enacted by Congress. Coverage is provided to the purchasing group by the Chicago Insurance Company, one of The Fireman's Fund Insurance Companies. Once the completed application has been approved and the premium has been received, you will automatically become a member of the ANA/SNA Purchasing Group Association, located and domiciled in Illinois and obtain the insurance coverage afforded through the Group Policy on an annual term.

This application is subject to the underwriter's approval. Your completion of this application and premium payment does not bind coverage or obligate the insurance company to issue you insurance coverage. Coverage will become effective following the receipt of your acceptable application and premium payment. Your application cannot be processed unless it is completed in its entirety. The application is subject to the company's underwriting rules.

I declare the information contained in the application is true and that no material facts have been suppressed or misstated. I understand that incorrect information could void the protection. 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.

YOU MUST SIGN AND DATE THIS APPLICATION

Signature _____ Date _____

Enclosed is my check for \$ _____ Effective Date Desired* _____

Make check payable to Marsh and return your check and this application in the envelope provided.

*May not be earlier than the date the administrator receives and approves this application.

I authorize Seabury & Smith to charge my: ANA/SNA MasterCard Visa MasterCard Amount \$ _____

Credit Card Number _____ Expiration Date: _____

Print name exactly as it appears on card _____

Administrator:

MARSH

Affinity Group Services
 a service of Seabury & Smith
 Joan F. O'Sullivan, Licensed Agent
 75 Remittance Drive, Suite 1788
 Chicago, IL 60675-1788
 1-800-503-9230
 www.proliability.com

Underwritten by:
 Chicago Insurance Company
 One of the Fireman's Fund Insurance Companies®

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 S.C. WWW



PLSETX-AMNA



Transparency and Disclosure

Thank you for expressing your interest in the professional liability plans administered by Marsh ConsumerConnexions. As a part of Marsh's best practice, we are disclosing the following:

In this transaction, Marsh is acting as the insurance agent and program manager for Chicago Insurance Company ("Insurer") for this type of coverage, and not as your insurance broker. Comparable insurance products may be available in the insurance market place. Marsh is only offering this selected carrier quote proposal.

Marsh & McLennan Companies, Inc. and its subsidiaries own equity interests in certain insurers and have contractual arrangements with certain insurers and wholesale brokers. Information regarding such interests and contracts is available at <http://global.marsh.com/about/Transparency.php>

Marsh earns and retains interest income on premium held by Marsh on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.

The premium quoted includes up to 31.5% commission payable to Marsh. Your premium payment indicates your consent to this commission for this policy period.

Illinois Only - Illinois Medical Profession Liability Law PA94-677

Illinois Medical Profession Liability Law PA94-677, Senate Bill 475, requires insurers to implement a quarterly premium payment installment plan as prescribed by the Secretary of the Illinois Department of Financial and Professional Regulation (IDFPR).

If you practice in the state of Illinois and your annual medical professional liability premium is above \$500, please visit www.proliability.com/illinstall for information regarding installment payment options.

Florida Only - Florida Insurance Guaranty Association - (FLIGA)

The Florida Insurance Commissioner has instructed all licensed property and casualty insurers, including the Fireman's Fund Insurance Companies®, to pay assessments for the state Property and Liability Insurance Guaranty Association. The Guaranty Association is maintained to make funds available should an insurance company be unable to meet its financial obligations to all policyholders. In such circumstances, when the Commissioner has ordered assessments, Florida law directs insurers to surcharge their customers to recoup these assessments.

Your policy includes this surcharge. The amount of the surcharge is shown on your declarations page as "FLIGA".

New Jersey Only - Property and Liability Insurance Guaranty Association – (PLIGA)

The New Jersey Insurance Commissioner has instructed us to pay an assessment for the state Property and Liability Insurance Guaranty Association. The Guaranty Association is maintained to make funds available should an insurance company be unable to meet its financial obligations to all policyholders. In such circumstances, New Jersey law authorizes insurers to surcharge their customers to recoup these assessments.

Your policy includes this surcharge. The amount of the surcharge is shown on your declarations page as "PLIGA Surcharge."

As always, we encourage you to contact your Marsh representative if you have any questions about this message, your policy, or your premium.

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Professional Liability Insurance Program for Nurse Professionals ...



Protect Your Nursing Career with the ANA Professional Liability Program

You care for others day and night, 7 days a week ...

Do you carry enough professional liability coverage to protect yourself?

Whether you're an RN First Assistant in the OR; providing care from a mobile lithotripsy unit; managing patient care in post-anesthesia units ... nurses work in a wide range of practice settings.

Nurses deliver timely, cost-effective, safe and quality health care, especially to chronically underserved populations such as the poor, the elderly and the rural population. Studies have shown that nurses may perform 60-80% of primary and preventive care traditionally performed by doctors. Many insurers and employers have identified nurses as an important managed care cost containment tool and are looking at ways to utilize more nurses for primary preventive care, as well as in some areas of specialization.

We recognize the malpractice risks associated with the expanding role of nursing. Accordingly, they recommend that you purchase your own professional liability coverage, even if you have limited coverage through your employer. If you are self-employed or a solo practitioner without professional liability coverage, you risk losing your practice if you are named in a malpractice suit. As a nurse professional, you can purchase a personal professional liability program which was designed specifically to meet your needs.

Your licensing board just contacted you about a complaint. You have only 15 days to respond. Will your professional liability policy cover the cost of a lawyer?

During a shift change, there was a mix-up in two of your patients' medications. You told your supervisor, but is that enough?

You were just served with papers naming you in a malpractice suit. What should your first steps be to prepare yourself?

You work part-time in the evening as a private duty nurse. Does your employer's policy at your full-time job cover you at your evening job?

Your friend is implicated in a lawsuit involving a claim from her previous job. She is no longer covered by her previous employer's policy. You may want to change jobs someday too. Don't you want a policy that will follow you from job to job?

Why You Need Your Own Professional Liability Coverage

Protection to supplement inadequate employer-provided professional liability coverage

If you are employed and your employer provides professional liability insurance, the questions you need to ask yourself are: "If I am sued, would the attorneys be my advocate or my employer's?," "Could a suit be settled without my written consent?," "Would I be protected from a liability suit filed after I left this job?," "If my employer was sued as a result of something I did, could I be sued by my employer?," "Will my employer's policy pay for all legal expenses and damages up front?"

The coverage offered by your employer may have been chosen for considerations other than just your best interest. Your employer's coverage may be a group policy that gives your employer priority protection by setting blanket limits to be spread among all employees. You may be excluded from coverage if an incident occurs while you are not at work or you perform a task outside your job, even if it is within the scope of current nursing practice. If you are no longer employed where the care took place and your coverage was provided solely by your employer, you may not be covered in the event of a lawsuit. You may have to pay all attorney fees, court costs and judgment fees out of your own pocket. This professional liability coverage will protect you from inadequate employer programs.

Occurrence Policy Form

The Marsh Affinity Group Services Professional Liability Program provides coverage on the much preferred Occurrence policy form. The Occurrence policy form is preferred because it is simple to understand. This policy form protects you from lawsuits filed as a result of professional services you rendered or should have rendered during the policy period, even if a lawsuit is first filed years later. Unlike the Claims-Made policy form, with an Occurrence policy there are no confusing rules to remember about how or when you must report a claim. Best of all, with an Occurrence policy form, there is no expensive "Tail" endorsement to buy when you retire or change jobs.

If you rely 100% on your employer for Professional Liability coverage, and your employer is a Hospital or Medical Group, it is a virtual certainty their coverage is on a Claims-Made policy form. With so many financial pressures influencing Hospitals and Medical Groups, can you afford to be completely dependent on your employer's coverage? As medical malpractice premiums have skyrocketed, many Hospitals and Medical Groups have turned to Self-Insurance. If your employer is Self-Insured, are they financially secure enough to be around years later when a lawsuit involving you is finally settled? Why take any chances, when you can purchase your own Occurrence policy and lock in your legal protection no matter what happens to your employer's coverage.

ANA/SNA Professional Liability Insurance — brought to you by:

The American Nurses Association

The American Nurses Association is the only full-service professional organization representing the nation's 2.6 million Registered and Advance Practice Nurses through its 54 constituent member associations. ANA advances the nursing profession by fostering high standards of nursing practice, promoting the economic and general welfare of nurses in the workplace, projecting a positive and realistic view of nursing and lobbying Congress and regulatory agencies on healthcare issues affecting nurses and the public. Call 800-274-4ANA for information on membership.

COVERAGE FEATURES

Your Choice of Professional Liability Coverage Limits

With defense costs and settlement amounts higher than ever, up to \$2,000,000 per incident/\$4,000,000 annual aggregate coverage can help protect you from the severe financial consequences of a lawsuit. This protection is yours whether you are employed full-time or part-time.

Supplemental Liability Coverage Limits (Individuals only)

You may be covered up to \$2,000,000 per occurrence/\$4,000,000 annual aggregate for certain bodily injury, property damage and personal injury occurrences not covered by your professional liability coverage, yet related to your professional duties.

Receive a 10% Premium Credit!

See if you qualify for one of these three ways to save.

You will receive a 10% premium credit if you complete or participate in one of the following:

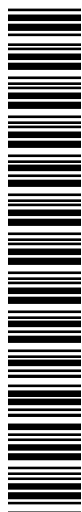
1. Attend an approved loss prevention/loss control/risk management seminar. The seminar must be at least four hours in length. The seminar credit will be on a per policy basis (one seminar, one credit, one annual policy period).
2. Hold a certification from AANPCP, ANCC or other certifying bodies.
Accepted certifications include: AOCN®, CCCN, CCNS, CCRN, CNOR, COCN, CPNP, CPON, CRNFA, CRRN, CWCN, CWOON, LNCC, NCSN, NP-C, OCN®, and PCCN.
3. Employment at a Magnet Hospital.
4. Employment in a unit that has received the Beacon Award for Critical Care Excellence.

The credit may only be applied once. If you are self-employed with employees, at least 50% of all professionals must provide proof of attendance to qualify for the credit.

Example: Premium selected x 90% = payment due (round to the nearest whole dollar).

Part-Time Premium Credit

A part-time premium credit of 50% is available to qualified nurses and advanced practice nurses who work less than 20 hours per week.(Not available to OB APNs.)



Managed Care Contracts

If you assume liability in a managed care contract, you will be covered for negligent acts, for which you are solely responsible.

Worldwide Protection

You are covered anywhere in the world, as long as the claim is made or suit is brought in the U.S., its territories or possessions, or Canada.

Damage To Property of Others Coverage (Individuals only)

You will receive up to \$500 per incident \$10,000 annual aggregate for damage you unintentionally inflict on the property of others during any non-business pursuit, yet related to your professional duties.

Medical Payments Coverage (Individuals only)

Medical payments coverage for non-business pursuits if someone is injured in or around your home—up to \$2,000 per person, \$100,000 annual aggregate for all persons. Your policy pays medical expenses incurred up to 4 years after the injury occurs.

Claims Settlement

The policy contains the important qualified "consent to settle" clause which requires your consent to settle claims, subject to federal and state regulations and laws.

First Aid Reimbursement

The policy will reimburse you up to a maximum of \$2,500 for all medical supplies you purchase and use in order to render first aid to another as covered by the certificate.

Assault Coverage

The certificate pays up to \$10,000 per assault/\$25,000 annual aggregate for medical expenses resulting from bodily injury to you or damage to your personal property if you are assaulted at work. You are also covered when traveling to and from the workplace.

Additional Coverage:

Self-Employed Nurses & Group Practices

Locum Tenens Provides coverage when another professional temporarily assumes your duties and provides services on your behalf for a specific period of time. The locum tenens shares in your limits of coverage.

"Products Hazard" coverage for equipment specifically designed, made or altered by you for a patient or client.

Coverage for volunteers and employees.

General Liability

Includes bodily injury and property damage associated with your business, but not your professional services, personal injury and advertising injury liability for your own business or practice, and fire legal liability.

Group Premium Credit

Depending on the number of professionals in the group practice, credits range from 4% to 12%.

Separate Annual Aggregates

Each professional member of an insured group will have a separate annual aggregate limit.

Entity Coverage

Separate limits of liability coverage are applied to the professional staff. A separate set of limits are available to the entity for an additional premium.

Defense Costs

Legal fees and court costs incurred by the insurer on your behalf are paid, for covered claims, in addition to the liability limits, even if the suit is groundless, false or fraudulent, up to the limit of liability of the policy.

Licensing Board Hearings

Up to \$10,000 per hearing/\$25,000 annual aggregate for the investigation or defense of all covered proceedings before most entities responsible for regulating your professional conduct (i.e. licensing board). As always, this coverage is offered at no additional cost to you.

Loss of Earnings

Payment for loss of earnings for your attendance at a trial, hearing or arbitration proceeding at the Company's request, subject to a maximum limit of \$10,000 per incident. "Reasonable expenses" are included.

Deposition Reimbursement

The coverage provides you with expense reimbursement, up to \$5,000, for legal representation for depositions related to your professional duties. This coverage applies when you are not named in a suit but are required to be deposed, i.e., as a witness to the event. This coverage does not apply to any services you provide as an "expert witness."

Application Procedure

1. Complete and sign the enclosed application or go online at www.proliability.com.
2. Determine your premium.

3. Return your completed application along with your check or credit card authorization in the enclosed envelope.

Marsh Affinity Group Services

Marsh Affinity Group Services has been a leader in providing insurance protection to health care professionals since 1949. The Marsh Affinity Group Services Professional Liability Insurance Program is endorsed by over 200 professional state and national organizations.

Coverage is underwritten by:

Chicago Insurance Company,
one of The Fireman's Fund Insurance Companies.

This brochure contains a summary of the insurance certificate provisions. In the instance of conflict between this brochure and the actual certificate, the insurance certificate language will prevail and control.

For more information, contact us:

Marsh Affinity Group Services
a service of Seabury & Smith
75 Remittance Drive, Suite 1788
Chicago, IL 60675-1788
1-800-503-9230
www.proliability.com

CA-0633005

Restrictions

This program is designed to provide professional liability insurance protection. You are not covered while operating a motor-driven vehicle, when engaged in any other business outside your professional duties, when engaged in an unlawful action, or when acting as a proprietor, owner, partner, manager, superintendent or officer of any hospital, sanitarium, medical clinic, health maintenance organization, managed care facility, foster care agency, adoption agency or any other facility not specified in the Declarations. You are not covered when acting as a physician, surgeon, dentist, nurse midwife, chiropractor, podiatrist, osteopath, psychiatrist, cytotechnologist, or perfusionist or any other medical specialist not named in the declarations. See insurance certificate for complete list of exclusions.

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