

# PROFESSIONAL LIABILITY INSURANCE CLAIMS-MADE COVERAGE APPLICATION

For Employed/ Non-Consulting Members of AAPM

**NOTICE: THIS POLICY FOR WHICH THIS APPLICATION IS BEING SUBMITTED IS A CLAIMS-MADE POLICY, AND SUBJECT TO ITS TERMS AND CONDITIONS, THIS POLICY ONLY COVERS CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER IN WRITING DURING THE POLICY PERIOD, OR DURING THE EXTENDED REPORTING PERIOD, IF APPLICABLE.**

## 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. **PLEASE CONTACT THE PROGRAM ADMINISTRATOR AT THE TOLL FREE NUMBER PROVIDED SHOULD YOU HAVE ANY QUESTIONS REGARDING THE LIMITS AND/OR OPTIONAL COVERAGES REFLECTED.** 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 or type all information.**

For all states except FL, NJ & WV. Please call the Program Administrator for the correct application at 800-765-9408

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## APPLICANT INFORMATION (Applicant Must Complete)

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APPLICANT NAME

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ADDRESS CITY STATE ZIP

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BUSINESS PHONE FAX # HOME PHONE#

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AAPM MEMBER ID# E-MAIL ADDRESS

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## EMPLOYED/NON-CONSULTING MEMBERS ONLY

Individual Employed coverage is not available if you have Employees or Independent contractors working on your behalf.

**Territory 1:** AK, AZ, CA, CO, HI, IL, LA, NV, TX

**Territory 2:** AL, AR, CT, DE, DC, GA, ID, IN, IA, KY, MA, MD, ME, MI, MN, MS, NH, NY, OH, OR, PA, RI, TN, UT, WA, WI, WY

**Territory 3:** KS, MO, MT, NE, NM, NC, ND, OK, SC, SD, VT, VA

**PREMIUM RATES**

<b>Coverage</b>	<b>\$100,000/\$300,000</b>	<b>\$1,000,000/\$3,000,000</b>	<b>\$2,000,000/\$4,000,000</b>
Territory 1	\$195.00	\$318.00	\$372.00
Territory 2	\$156.00	\$254.00	\$297.00
Territory 3	\$117.00	\$191.00	\$223.00

Rates listed above are based on the state in which you reside. Locate your territory along with the limit desired to find your applicable premium.

**PRIOR ACTS COVERAGE**

No Prior Acts:	0%
1 year Prior Acts:	33.33%
2 years Prior Acts:	50.00%
3 years Prior Acts:	58.33%
4+ years Prior Acts:	66.67%

NOTE: Prior Acts Step Factor applies to entire subtotal premium.  
ENCLOSE COPY OF CURRENT DECLARATION PAGE.

**CHECK LIMIT DESIRED**

- \$100,000/\$300,000                       \$1,000,000/\$3,000,000                       \$2,000,000/\$4,000,000

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**COMPUTING YOUR PREMIUM – FOR EMPLOYED/NON-CONSULTING MEMBERS ONLY**

1. Determine your territory (state where you reside) and the coverage you desire. \$ \_\_\_\_\_
2. Prior Acts Coverage (if desired). Enclose copy of your current declaration page.  
# of years \_\_\_\_\_ = \_\_\_\_\_% x Subtotal Premium (from line 1) \$ \_\_\_\_\_ = \$ \_\_\_\_\_
3. FINAL ANNUAL COST (add line 1 & 2) \$ \_\_\_\_\_

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1. Have you, (any owners/principals, or any of your employees, if self-employed) ever had the following: revoked, suspended, refused, denied renewal, placed on probation, cancelled, or voluntarily surrendered by you, any owners/principals, or any of your employees, if self-employed) or is such an action pending?

(If yes, explain on a separate sheet of paper, please include dates and details.)

State License or Certification             YES             NO

Malpractice Insurance\*\*                 YES             NO

**\*\*Notice to Missouri Residents:** This question does not apply.

2. Has any claim or suit ever been brought against you, or (any owners/principals, or any of your employees, if self-employed) or are you or (any owners/principals, any of your employees, if self-employed) 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. Are you a Full, Fellow, Charter, Emeritus or Junior Member of AAPM?  YES     NO

**(Student, Associate and Corresponding Members are not eligible for coverage.)**

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I understand that I am not covered by this insurance for rendering or failure to render any professional services as the following: physician, surgeon, dentist, sonographer, colon therapist, nurse midwife, nurse anesthetists, chiropractor, podiatrist, osteopath, cytotechnologist, electroneurodiagnostic technologist, perfusionist, 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.

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.

**YOU MUST SIGN AND DATE THIS APPLICATION**

**(ALL STATES EXCEPT AR, CO, DC, FL, HI, KY, LA, ME, MD, NJ, NM, NY, OH, OK, PA, TN, VA, WA, WV): 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.**

**ARKANSAS, LOUISIANA, AND WEST VIRGINIA 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.**

**COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY 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 POLICY HOLDER OR CLAIMING WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FOR INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.**

**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.**

**FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURANCE COMPANY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.**

**HAWAII APPLICANTS: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.**

**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 CONTAINING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.**

**MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON 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.**

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

**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.**

**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 MAYBE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.**

**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 MATERIAL FACT THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL BE ALSO SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.**

**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.**

**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.**

**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.**

**Declaration and Signature**

The undersigned, on behalf of all prospective insureds, after a reasonable inquiry, declares to the best of his/her knowledge and belief that the statements contained herein are true and are the basis of the acceptance of the risk or the hazard assumed by the Company under this Policy. It is further agreed by the undersigned, its Subsidiaries and their directors, officers and trustees, that the Policy, if issued, is in reliance upon the truth of such representations. It is agreed that, although the signing of the Application does not commit the undersigned to purchase the insurance being applied for, the statements made in this Application shall become the basis of the Policy should one be purchased. The Company is hereby authorized to make any investigation and inquiry in connection with this Application deemed necessary.

\_\_\_\_\_  
**Signature of Authorized Partner / Office/Owner Title**      \_\_\_\_\_ **Title**      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Date**

\_\_\_\_\_  
**Name of individual signing this application (printed)**

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

*Make check payable to Marsh /Seabury & Smith 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 Marsh/ Seabury & Smith to charge my:**  Visa  MasterCard **Amount \$** \_\_\_\_\_  
Credit Card Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Print name exactly as it appears on card \_\_\_\_\_

**Administrator**

Marsh U.S. Consumer  
a service of Seabury & Smith, Inc.  
Joan O'Sullivan, Licensed Agent  
PO Box 14412  
Des Moines IA 50306-3412  
1-800-765-9408  
CA-0633005

**Underwritten by:**

Liberty Insurance Underwriters, Inc.