MEDICAL MALPRACTICE

Clinical specialties, procedures, providers, patient care, and quality controls.

iPhone Files/Preview: tap a square and type X.

1. Applicant and Contact Information

Applicant / entity name

DBA

Physical address

Website

City / State / ZIP

Years in business

Primary contact

Title

Phone

Email

FEIN

Requested effective date

Describe the applicant's professional services and the clients served:

2. Coverage Requested and Current Insurance

Limit requested

Deductible / retention

Retroactive / prior-acts date

Current carrier

Current annual premium

Policy expiration

Is the current policy written on a claims-made basis? ☐ Yes ☐ No

Has there been or will there be any gap in professional liability coverage? ☐ Yes ☐ No

Is an extended reporting period, full prior acts, or predecessor coverage requested? ☐ Yes ☐ No

3. Clinical Services and Revenue Breakdown

Enter the percentage of annual gross revenue for each category. Total should equal 100%.

Primary / family / internal medicine	%
Specialty physician services	%
Dental / oral health	%
Behavioral or mental health	%
Allied health / therapy	%
Diagnostic testing / imaging	%
Urgent care / walk-in services	%
Other clinical services	%

Total annual gross revenue

Largest client %

4. Operations and Exposure Questions

Are all physicians and clinical professionals currently licensed in every state where they practice?	Yes	No
Does the applicant employ or contract with physicians, dentists, advanced practitioners, or therapists?	Yes	No
Are services provided through telemedicine or across state lines?	Yes	No
Are any surgical, invasive, anesthesia, sedation, obstetric, or emergency services performed?	Yes	No
Are controlled substances prescribed, administered, stored, or dispensed?	Yes	No
Are services provided to minors, nursing-home residents, or other vulnerable populations?	Yes	No
Does the applicant provide services in hospitals, facilities, homes, mobile units, or off-site locations?	Yes	No
Has any provider's license, privileges, DEA registration, or board status been limited or investigated?	Yes	No

Explain any Yes answers above and identify the related service, client, or project:

5. Industry-Specific Risk Management Controls

Are written patient intake, medical history, and medication reconciliation forms completed?	☐ Yes	☐ No
Are procedure-specific informed-consent forms used and retained?	☐ Yes	☐ No
Are treatment records maintained in a secure electronic medical record system?	☐ Yes	☐ No
Are diagnostic results, referrals, and follow-up care tracked to completion?	☐ Yes	☐ No
Are clinical privileges and competency reviewed for every provider and procedure?	☐ Yes	☐ No
Are adverse events, medication errors, and patient complaints formally reviewed?	☐ Yes	☐ No
Are infection-control, sterilization, exposure-control, and sharps protocols documented?	☐ Yes	☐ No
Are emergency medications, equipment, and response procedures available and tested?	☐ Yes	☐ No
Are chaperone, abuse-prevention, and mandatory-reporting protocols in place where applicable?	☐ Yes	☐ No
Are locum tenens and independent providers required to maintain their own malpractice coverage?	☐ Yes	☐ No
Are peer review, quality assurance, and continuing-education activities documented?	☐ Yes	☐ No
Is professional liability coverage verified before granting privileges or allowing contract services?	☐ Yes	☐ No

Explain any No answers, exceptions, or planned corrective actions:

6. Largest Clients and Engagements

Client / project	Services	% revenue	End date

7. Prior Coverage, Claims and Circumstances

Has any insurer declined, cancelled, non-renewed, or restricted professional liability coverage?	☐ Yes	☐ No
Has any claim, suit, demand, arbitration, disciplinary matter, or regulatory proceeding been made?	☐ Yes	☐ No
Is any applicant, owner, officer, director, or professional aware of an act that may result in a claim?	☐ Yes	☐ No
Has any client requested a refund, fee waiver, correction, re-performance, or payment due to alleged error?	☐ Yes	☐ No
Has any contract dispute, missed deadline, data loss, confidentiality issue, or intellectual-property allegation occurred?	☐ Yes	☐ No
Has any professional license, accreditation, certification, or privilege been investigated or restricted?	☐ Yes	☐ No

For every Yes answer, provide dates, claimant, allegation, status, amount paid/reserved, and corrective action:

8. Required Supporting Documents

- ☐ Current declarations / policy
- ☐ Five-year loss runs
- ☐ Standard client contract
- ☐ Professional roster / resumes
- ☐ Licenses / certifications
- ☐ Supplemental claim details

9. Applicant Certification and Signature

The applicant represents that the information provided is true, complete, and accurate to the best of the applicant's knowledge. This questionnaire does not bind coverage; all terms are subject to carrier underwriting and policy language.

Applicant name		Title	
Signature		Date	
Agent name		Agency	
Agent phone / email			