

**A. APPLICANT INFORMATION**

**1. NAMED INSURED**

*(Enter named insured information as it should appear on the policy)*

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Practice type:

- Individual DBA: \_\_\_\_\_
- Partnership or LLP. Entity name: \_\_\_\_\_ Ownership percent: \_\_\_\_%
- Corporation or LLC. Entity name: \_\_\_\_\_ Ownership percent: \_\_\_\_%

Do you want coverage to extend to the listed entity?  Yes  No

If yes, please select:  Shared Limit  Separate Limit

- Employed doctor Name of employer: \_\_\_\_\_
- Independent contractor Name of business or doctor with whom you practice: \_\_\_\_\_

**a. Primary office location:**

Street address: \_\_\_\_\_  
City: \_\_\_\_\_  
County: \_\_\_\_\_  
State: \_\_\_\_\_  
ZIP: \_\_\_\_\_

**b. Phone:** \_\_\_\_\_

**c. Email:** \_\_\_\_\_

**2. ASSOCIATION MEMBERSHIP**

Are you a member of your state chiropractor association?  Check if yes

If yes, enter name: \_\_\_\_\_

**3. Number of licensed practitioners:** \_\_\_\_\_

**4. COMPLETE FOR EACH INDIVIDUAL TO BE INSURED:**

Addendum attached for any additional.  Check if yes

Full name: : \_\_\_\_\_

**a. Status** \_\_\_\_\_ **Total hours per week:** \_\_\_\_\_

- Employed (W2 employee of a practice).
- Self-employed (operate own practice or independent contractor).
- Both

**b. License held**

- Chiropractic only.
- Dual licensed chiropractor-physical therapist.
- Dual licensed chiropractor-massage therapist.

- c. Is your license (so indicated above) in all states in which you practice?  Yes  No  
If no, explain: \_\_\_\_\_
- d. Years in practice (from chiropractic graduation date): \_\_\_\_\_
- e. Individual Retro/ Prior Acts Date: \_\_\_\_\_ (Provide retro date from your current claims made policy)  
 Check here if no current coverage  Check here if occurrence coverage
- f. Continuing education courses completed in the last year:  
Date: \_\_\_\_\_ Course name and provider: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. IF COVERAGE FOR EXTERN REQUESTED, COMPLETE SUPPLEMENT

Check if yes

**B. INSURANCE COVERAGE REQUESTED**

1. CURRENT PROFESSIONAL LIABILITY COVERAGE

Carrier: \_\_\_\_\_  
Effective: \_\_\_\_\_  
Expiration: \_\_\_\_\_  
Limit: \_\_\_\_\_

Select type:

Occurrence.

Claims made.

If entity coverage requested in Section A., Applicant Information, enter entity prior acts date (retro date) if claims made: \_\_\_\_\_ (MM/DD/YYYY)

Check here if no current entity coverage

2. REQUESTED PROFESSIONAL LIABILITY COVERAGE

Requested effective date: \_\_\_\_\_ (MM/DD/YYYY)

No current coverage (select coverage type requested).

Occurrence.

Claims made.

Requested limit (defense expenses are paid in addition to the limit).

\$500,000 each claim/\$1 million aggregate.

\$1 million each claim/\$1 million aggregate.

\$1 million each claim/\$3 million aggregate.

\$2 million each claim/\$4 million aggregate.

3. OPTIONAL COVERAGE

*Check all requested.*

- a.  General liability: Coverage for bodily injury or property damage from an accidental event not arising from provision of professional services. Additional premium charge applies.
- b.  Additional insured (*check all requested*): Vicarious liability coverage for an additional insured [other than Corporations/Partnerships] such as a lessor or outpatient center, may be added to the policy. Additional insureds other than a lessor/landlord are subject to underwriting approval and additional premium charge).
  - Landlord  
Enter name: \_\_\_\_\_
  - Government organization (state, county, municipal), charity or religious organization  
Enter name: \_\_\_\_\_
  - Other  
Enter name: \_\_\_\_\_  
Enter relationship with other entity: \_\_\_\_\_
- c.  Sexual abuse and molestation defense: \$50,000 sublimit for defense costs from a sexual misconduct claim. Additional premium \$150.
- d.  Animal adjustments: \$50,000 sublimit for chiropractic treatment of animals, including \$5,000 per animal/\$10,000 aggregate for injury or death while in your care due to fire, lightning, windstorm, water or other animals. Additional premium \$300.
- e.  Manipulation under anesthesia: Coverage extension for MUA included within the limit. Additional premium \$500.
- f.  Staff member licensed for acupuncture: \$50,000 sublimit for claims from acupuncture treatment. Additional premium \$250.  
If checked, number of acupuncture staff to be covered \_\_\_\_\_

C. PRACTICE INFORMATION

1. Do you perform any of the following types of services?

*(complete all categories)*

If yes, enter percent of annual practice.

- |                             |                              |  |
|-----------------------------|------------------------------|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ % Acupuncture. (sublimit applies)  |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ % Diagnosis and treatment of both symptoms and disease.                                  |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ % Does this include neuro-musculoskeletal.   |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ % Colon irrigation.  |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ % Laboratory work involving urinalysis or blood work (finger puncture and venipuncture). |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ % Intravenous nutrient supplements of any kind.  |

2. Do you provide services involving any of the following?  
(Check all that apply).

- Professional athletes.
- Nursing homes of any skill level.
- Correctional facilities.
- Stem cell treatments, therapy or procedures.

**D. UNDERWRITING INFORMATION**

If you answer yes to any of the below, provide a detailed explanation on a separate sheet of paper or in the comments section.

1. Has any insurer canceled, nonrenewed or declined to write your malpractice coverage within the past five years?

- Yes     No

2. Have you had any disciplinary action, charge or complaint brought by a court, licensing board or regulatory board within the past five years?

3.  Yes     No

If yes, your supplemental response should include information regarding the outcome, including any fines, or license action, along with detail of the circumstances leading to the complaint. Attach a copy of the original complaint and the final hearing documents.

**E. CLAIM INFORMATION**

If you answer yes, complete a supplemental claim information form.

1. Have you ever been involved in a malpractice claim, lawsuit, incident or occurrence or are you aware of any matter that could potentially lead to a claim, lawsuit or disciplinary or regulatory investigation or review?

- Yes     No

**F. COMMENTS**



NOTICE

To All Prospective Insureds: 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

To Prospective Insureds In:

Notice to 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 policyholder 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.

Notice to District of Columbia and Louisiana 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."

Notice to 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.

Notice to Oklahoma Applicants: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony. (Note: In Oklahoma the language must appear on the face of the policy, application and claims forms in 10 pt. font or larger).

Notice to Kansas Applicants: An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Notice to Maine, Tennessee, Virginia and Washington Applications: 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 and/or denial of insurance benefits.

Notice to Maryland Applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to New Hampshire Applicants: Any person who, with a purpose to injure, defraud or deceive an insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

Notice to 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 fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

Notice to New York Applicants (Fire insurance applications): 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, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

Notice to New York Applicants (Automobile): Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the value of the subject motor vehicle or stated claim for each violation."

Notice to 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 purposes 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.

Notice to Pennsylvania Applicants (Automobile): Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information, shall, upon conviction, be subject to imprisonment for up to seven (7) years and the payment of a fine of up to \$15,000.

Dated
Title

Signature of owner, partner, officer or principal
Owner, partner, officer or principal (print name)