

**Florida Nurse Practitioner Claims-Made Application ONLY**



**YES! I want Individual Professional Liability Insurance Claims Made Coverage with limits of up to \$750,000 aggregate, up to \$250,000 each claim. (30)**

**PLEASE PRINT CLEARLY AND COMPLETE THE FOLLOWING:**

PNM-V2SA2F7G

Name: \_\_\_\_\_ Day Telephone #: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Night Telephone #: \_\_\_\_\_  
 City: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip code: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please answer ALL questions and SIGN and DATE this application. Incomplete applications cannot be processed.**

**NOTE: THIS APPLICATION IS FOR NURSE PRACTITIONERS IN THE STATE OF FLORIDA ONLY.** Coverage is not available for Certified Registered Nurse Anesthetists or Midwives.

1. Please indicate your classification or certification first by selecting the section reflecting your employment status (employed/self employed), then by your profession. For an explanation of Claims Made Rates, please see page 3 under Determining Your Rates. \*A \$25 Consulting Liability Endorsement is available. See page 3 for details.

Employed	Year 1	Year 2	Year 3	Year 4	Mature Rate
Geriatric/Adult/Family Planning (PNM 01)	<input type="checkbox"/> \$767	<input type="checkbox"/> \$1,366	<input type="checkbox"/> \$1,846	<input type="checkbox"/> \$2,013	<input type="checkbox"/> \$2,373
Psychiatric-Adult (PNM 02)	<input type="checkbox"/> \$1,086	<input type="checkbox"/> \$1,935	<input type="checkbox"/> \$2,614	<input type="checkbox"/> \$2,852	<input type="checkbox"/> \$3,361
Family Practice/Family Psychiatric (PNM 03)	<input type="checkbox"/> \$1,404	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$3,377	<input type="checkbox"/> \$3,684	<input type="checkbox"/> \$4,342
Pediatric/Neonatal/Acute Critical Care/School Nurse (PNM 03)	<input type="checkbox"/> \$1,404	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$3,377	<input type="checkbox"/> \$3,684	<input type="checkbox"/> \$4,342
OB/GYN/Perinatal/Acute Critical Care OB/GYN (PNM 04)	<input type="checkbox"/> \$1,723	<input type="checkbox"/> \$3,068	<input type="checkbox"/> \$4,145	<input type="checkbox"/> \$4,522	<input type="checkbox"/> \$5,329
Consulting Services Endorsement*: add	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25

  

Self Employed	Year 1	Year 2	Year 3	Year 4	Mature Rate
Geriatric/Adult/Family Planning (PNM 01)	<input type="checkbox"/> \$994	<input type="checkbox"/> \$1,771	<input type="checkbox"/> \$2,392	<input type="checkbox"/> \$2,610	<input type="checkbox"/> \$3,076
Psychiatric-Adult (PNM 02)	<input type="checkbox"/> \$1,407	<input type="checkbox"/> \$2,507	<input type="checkbox"/> \$3,386	<input type="checkbox"/> \$3,694	<input type="checkbox"/> \$4,354
Family Practice/Family Psychiatric (PNM 03)	<input type="checkbox"/> \$1,819	<input type="checkbox"/> \$3,240	<input type="checkbox"/> \$4,377	<input type="checkbox"/> \$4,775	<input type="checkbox"/> \$5,627
Pediatric/Neonatal/Acute Critical Care/School Nurse (PNM 03)	<input type="checkbox"/> \$1,819	<input type="checkbox"/> \$3,240	<input type="checkbox"/> \$4,377	<input type="checkbox"/> \$4,775	<input type="checkbox"/> \$5,627
OB/GYN/Perinatal/Acute Critical Care OB/GYN (PNM 04)	<input type="checkbox"/> \$2,233	<input type="checkbox"/> \$3,978	<input type="checkbox"/> \$5,374	<input type="checkbox"/> \$5,862	<input type="checkbox"/> \$6,909
Consulting Services Endorsement*: add	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25
<b>ALL NURSE PRACTITIONER STUDENTS</b>	<input type="checkbox"/> \$275	Please note NP students are written on an occurrence form. Upon graduation, the student policy is converted to a claims-made policy.			

Do you need Prior Acts Coverage? (If so, you must provide the Retro Date of your current policy, found on the Declarations Page. For important details on Retro Date, see "Important Notice About Claims-Made Coverage" on Page 3)

- Yes, I need Prior Acts Coverage. My Retro Date is: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 (If requesting Prior Acts, please include a copy of your Declarations Page and a copy of your claim loss data from your current insurance carrier.)
- No, I do not need Prior Acts Coverage. I have read and understand "Important Notice About Claims-Made Coverage" on Page 3.

1b. If you are employed, please provide the following:

Name of employer: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Please note:** *Employed* is defined as providing services on behalf of an entity you do not own, and receiving a W-2 form from your employer. *Self-employed* is defined as providing services as an independent contractor and paying self-employment taxes using a 1099 form. If you are incorporated with or without employees, please call 1-888-288-3534.

2. **My primary area of work is** (choose one):

<input type="checkbox"/> Ambulatory Care Facility (01)	<input type="checkbox"/> Nursing Home (08)
<input type="checkbox"/> Comm. Health Agency (02)	<input type="checkbox"/> Nursing School (09)
<input type="checkbox"/> Doctor's Office/Clinic (03)	<input type="checkbox"/> Prison (10)
<input type="checkbox"/> HMO/PPO (04)	<input type="checkbox"/> School (11)
<input type="checkbox"/> Home Health (05)	<input type="checkbox"/> Staffing Agency (12)
<input type="checkbox"/> Hospice (06)	<input type="checkbox"/> Surgicenter (13)
<input type="checkbox"/> Hospital (07)	<input type="checkbox"/> My own premises (14)
<input type="checkbox"/> Other (15) _____	

**My primary area of specialty is** (choose one):

<input type="checkbox"/> Cosmetic Proced.(01)*	<input type="checkbox"/> Emergency Dept. (07)	<input type="checkbox"/> Float Nurse (13)
<input type="checkbox"/> Geriatrics (02)	<input type="checkbox"/> Infection Control (08)	<input type="checkbox"/> ICU/CCU/Stepdown (14)
<input type="checkbox"/> IV Therapy (03)	<input type="checkbox"/> Medical/Surgical (09)	<input type="checkbox"/> Neonatal (15)
<input type="checkbox"/> Neurology (04)	<input type="checkbox"/> OB/GYN (10)	<input type="checkbox"/> Oncology (16)
<input type="checkbox"/> Operating Room (05)	<input type="checkbox"/> Orthopedics (11)	<input type="checkbox"/> Outpatient (17)
<input type="checkbox"/> Pediatrics (06)	<input type="checkbox"/> Post Anesthesia Room (12)	<input type="checkbox"/> Psychiatric (18)
<input type="checkbox"/> Other (19) _____		

\* If you are self employed and performing cosmetic procedures, please use cosmetic app.

**Simple Enrollment** → 1. Complete both pages. 2. Print your name, sign and date in ink. → **Continue to next page.**

3. Send **both pages** of the application. We cannot process if **both pages** are not received.

3. Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR
4. Requested Effective Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Must be within 60 days from the date we receive your application. If date indicated is  
MONTH DAY YEAR prior to receipt date or if not filled out, the effective date will be the receipt date.)
5. Are you a member of a professional association?.....  Yes  No Name of Association: \_\_\_\_\_
6. Have you ever had professional liability insurance declined, canceled or non-renewed for any reason other than for non-  
 payment of premium? (Not applicable for MO residents).....  Yes  No
7. Has any claim or lawsuit for malpractice ever been brought against you or are you aware of any incidents that may  
 result in a claim or lawsuit?.....  Yes  No
8. Within the last 5 years, have you been the subject of complaints, charges, or disciplinary action against you for any reason,  
 by a court, licensing board or regulatory agency responsible for maintaining the standards of your profession?.....  Yes  No  
 (If you have answered "yes" to questions 6, 7 or 8, please provide complete details on a separate sheet of paper and attach to application.)
9. Do all physicians with whom you practice or collaborate or to whom you refer patients have professional liability limits equal  
 to or greater than those you are applying for?.....  Yes  No

Insurance Agent: Michael J. Loughran Iowa License# IA241616; Florida License# A158896

I have answered these questions to the best of my knowledge. I certify that I hold the highest credentials or standards appropriate for the healthcare profession for which I have applied as mandated by my state guidelines. I have not withheld information that would influence the judgment of the Insurance Company. My signing of this application does not bind the Company to complete this insurance. It is agreed that this Application shall be on file with the Company and that it shall be deemed to be attached to and made part of the policy, if issued, as if physically attached to the policy. I hereby represent that the aforementioned statements and answers are correct and complete. I further understand that an incorrect or incomplete statement or answer could void my insurance coverage. This application will be the basis of the contract if a Certificate of Insurance is issued. Once approved, I understand that there is no coverage in force until the premium is paid in full. By signing this application for Nurse Practitioner Professional Liability Insurance, I understand and agree that upon approval of this coverage with NSO, my existing nurse's professional liability policy with NSO (if any) will be upgraded to include Nurse Practitioner Coverage. I understand that a state mandated surcharge will be added to my annual premium if I am a resident of NJ (0.90%) or WV (0.55%).

**FRAUD NOTICE - WHERE APPLICABLE UNDER THE LAW OF YOUR STATE**

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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties (For District of Columbia residents only: 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.) (For Florida residents only: 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.) (For Louisiana residents only: 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.) (For Maine residents only: 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.) (For Maryland residents only: 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.) (For New York residents only: and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.) (For Oklahoma residents only: 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.) (For Pennsylvania residents only: 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.) (For Tennessee and Washington residents only: Penalties include imprisonment, fines and denial of insurance benefits.) (For Vermont residents only: 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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to civil fines and criminal penalties.)

**Payment Options:**

- Enclosed is my check. (Payable to: NSO)  Charge my credit card:  AMEX  Visa  MasterCard  Discover

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_

\*All applicants must add a Healthcare Providers Service Organization Purchasing Group Membership Fee (\$2.00) Residents of NJ and WV must first add a state mandated surcharge to your base premium (NJ: 0.90%, WV: 0.55%). To calculate your total amount due, please add your base premium, state surcharge (if applicable) and membership fee. If you are paying by credit card, your card will be charged as detailed above.

Please Print Name \_\_\_\_\_

Applicant Signature **X** \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH DAY YEAR

This application must be fully completed, signed and dated in ink. We will issue your certificate of insurance upon approval.

**Agent/Broker Information:**

Agency Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

This program is underwritten by American Casualty Company of Reading, Pennsylvania, a CNA company, and is offered through the Healthcare Providers Service Organization Purchasing Group. Coverages, rates and limits may differ or may not be available in all states. All products and services are subject to change without notice. CNA is a registered trademark of CNA Financial Corporation. Copyright © 2012 CNA. All rights reserved



Nurses Service Organization is a registered trade name of Affinity Insurance Services, Inc.; (AR 244489); in CA, MN & OK, AIS Affinity Insurance Agency, Inc. (CA 0795465); in CA, Aon Affinity Insurance Services, Inc., (0G94493), Aon Direct Insurance Administrators and Berkely Insurance Agency and in NY and NH, AIS Affinity Insurance Agency.

Please fax completed form to 888.235.5008.

## The Consulting Services Liability Endorsement

Are you consulting, teaching or training in addition to providing direct patient care?

This professional liability policy provides coverage if there is an act, error or omission in providing professional services which results in injury. However, economic or financial loss, through your participation in activities such as public speaking or providing expert testimony, typically would not be covered by your professional liability policy. It's a risk you don't have to take. The Consulting Services Liability Endorsement provides coverage for when you use your professional skills and knowledge in settings that do not involve direct treatment of clients. You can add this valuable protection to your new policy for only \$25 a year.

For more information, visit [www.nso.com/consult](http://www.nso.com/consult).

### Determining Your Rates

#### Claims-Made

Rates for a claims-made policy increase automatically over a number of years to reflect accumulating risk, until they reach a maximum or "maturity." **If you are newly licensed or you are currently insured under an occurrence policy**, you would pay the premium appropriate for your class listed under the "Year 1" column in the chart below. Please note this premium on Page 1 of the application where indicated. Include a mandatory \$2.00 HPSO Purchasing Group Membership Fee. You do not need to enter a Retro Date because it will be the same as your effective date.

**If you have been insured under a claims-made policy and wish to continue your coverage without interruption**, you must include a copy of your current Declarations Page and a copy of your claim loss data from your current insurance carrier, with this application. Please enter the Retro Date of your current policy (found on the Declarations Page), and the requested effective date of your new policy, on this application where indicated. To determine the appropriate rate, first note the number of years that have lapsed between the dates you provided on Page 1. Fractional years of six months or more are rounded UP; less than six months rounded to the next lower year. Once you have calculated the correct number of years, add 1 to this total to represent the current year, and this number is the basis for your coverage. If the total is 5 years or more, you would pay the "Mature" rate listed on the chart below. Totals of less than 5 years pay the appropriate premium listed in the matching column. Please note the total premium you have selected on Page 2 of this application where indicated.

#### Prior Acts

If you do not require Prior Acts coverage, please check the appropriate box under the rates on page 1 of this application. If you have any questions or need help with this application, or if you would like information on Prior Acts coverage for services performed before the effective date of this policy, please call 1-866-216-8080 for assistance.

### AN IMPORTANT NOTICE ABOUT CLAIMS-MADE COVERAGE- PLEASE READ

If you are currently insured under a claims-made policy, it is important that you continue your coverage without interruption when moving to a new policy. By providing NSO with the Retroactive Date or "Retro Date" of your expiring policy, upon approval of your application, your new policy will provide you with continuous coverage. This means that any claim that might occur on or after your Retro Date will be covered under your new policy.

If you do not provide your current Retro Date on this application, and do not elect to purchase Extended Reporting Period coverage from your former insurer ("tail coverage"), your previous claims-made coverage will lapse. It will no longer respond to any claims that may arise for that original policy period -- and neither will your new policy. This could leave you completely unprotected or "bare".

#### Claims-made Coverage

Claims-made coverage was introduced as an alternative form of coverage. Under a claims-made policy, coverage is provided for claims made against the policyholder and reported to the insurance company while the policy remains in force and during any applicable extended reporting period.

In the first few years, each time a claims-made policy is renewed, the premium increases automatically to take into account the likelihood of claims being reported from the current and previous policy periods. Generally, claims-made coverage is offered on an annual basis.

You may want to consider two options in the event you change from a claims-made policy with one insurance company to another - or your claims-made policy is cancelled, non-renewed or replaced by an occurrence policy.

##### Extended Reporting Period Endorsement

The first option, known as an Extended Reporting Period Endorsement, allows you to report a claim to your prior insurance company after the policy has ended. It provides protection for covered claims that arise out of incidents that occurred during the policy period, up to the date the policy ended.

You must pay an additional premium for Extended Reporting Period coverage-possibly as much as two or more times your current year's premium. Some insurance companies offer this endorsement at no charge - if certain special policy conditions are met by the policyholder.

##### Prior Acts Coverage

The second option is known as Prior Acts Coverage. Many insurance companies - and those plans offered through HPSO -- offer this option to protect insureds who had claims-made coverage immediately prior to the current policy period, but with a different insurance company - and who did not purchase an Extended Reporting Period Endorsement from that company when the policy ended.

Prior Acts Coverage protects against claims arising out of incidents that happened before the inception or effective date of a new policy. Some companies may charge an additional premium for this coverage

#### Occurrence Coverage

An occurrence policy provides coverage for an injury or damage that takes place during the policy period, regardless of when the claim is reported. Thus, an occurrence policy provides long-term protection for any covered claim that may arise at any time in the future - up to the limits of the policy in force at the time of the incident that led to the claim.

### COMPENSATION and OTHER DISCLOSURE INFORMATION

Nurses Service Organization (NSO), a registered trade name of Affinity Insurance Services, Inc., exclusively offers the NSO Program as an agent of CNA and provides services that may include the following: program marketing, underwriting, policy management, billing, risk management and client services on its behalf.

Affinity Insurance Services Inc. is an insurance producer licensed in your state. Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction involves one or more of these activities. Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. Such compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In addition, Affinity may charge a fee for administrative services. Your signature on your application, quote form, check, and/or other authorization for payment of your premium, will be deemed to signify your consent to and acceptance of the terms and conditions including the compensation, as disclosed above, that is to be received by Aon. The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and compensation expected to be received based in whole or in part on any alternative quotes presented to the purchaser by the producer, by calling 1-866-216-8080.

In addition, premiums paid by Clients to Affinity for remittance to insurers, Client refunds and claim payments paid to Affinity by insurance companies for remittance to Clients are deposited into fiduciary accounts in accordance with applicable insurance laws until they are due to be paid to the insurance company or Client. Subject to such laws and the applicable insurance company's consent, where required, Affinity will retain the interest or investment income earned while such funds are on deposit in such accounts.

Aon Corporation, our ultimate parent company, and its affiliates have from time to time sponsored and invested in insurance and reinsurance companies. While we generally undertake such activities with a view to creating an orderly flow of capacity for our clients, we also seek an appropriate return on our investment. When they exist, these investments, for which Aon is generally at-risk for potential price loss, typically are small and range from fixed-income to common stock transactions. In such case, the gains or losses we make through our investments could potentially be linked, in part, to the results of treaties or policies transacted with you. Please visit the Aon web site at [http://www.aon.com/market\\_relationships](http://www.aon.com/market_relationships) for a current listing of insurance and reinsurance carriers in which Aon Corporation and its affiliates hold any ownership interest.

### Contracts and Agreements

Aon Corporation's operating affiliates are parties to numerous agreements with many insurance and reinsurance companies, including companies from which our clients have purchased insurance or reinsurance. Please visit [http://www.aon.com/market\\_relationships](http://www.aon.com/market_relationships) for more detail on these agreements.