

Professional Liability Insurance Carrier Supplemental Form

* REQUIRED RESPONSE. NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

Section 6 Professional Liability Insurance Carrier

Other Professional Liability Insurance Carrier

List secondary / second layer / future or previous carrier(s).

For second layer coverage list name of hospital/organization providing coverage

<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 90%; height: 20px;"></div> <div>SELF-INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO</div> </div> <p>CARRIER OR SELF-INSURED NAME</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 25%; height: 20px;"></div> <div style="border: 1px solid black; width: 50%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> </div> <p>NUMBER* STREET* SUITE/BUILDING</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 60%; height: 20px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px;"></div> <div style="border: 1px solid black; width: 25%; height: 20px;"></div> </div> <p>CITY* STATE* ZIP CODE*</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 25%; height: 20px; text-align: center;">M M Y Y Y Y</div> <div style="border: 1px solid black; width: 25%; height: 20px; text-align: center;">M M Y Y Y Y</div> <div style="border: 1px solid black; width: 25%; height: 20px; text-align: center;">M M Y Y Y Y</div> <div>TYPE OF COVERAGE?* <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SHARED</div> </div> <p>ORIGINAL EFFECTIVE DATE* EFFECTIVE DATE* EXPIRATION DATE</p> <div style="display: flex; justify-content: space-between;"> <div>DO YOU HAVE UNLIMITED COVERAGE WITH THIS INSURANCE CARRIER? <input type="checkbox"/> YES <input type="checkbox"/> NO</div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> </div> <p style="text-align: center;">AMOUNT OF COVERAGE PER OCCURRENCE AMOUNT OF COVERAGE AGGREGATE</p> <p>POLICY INCLUDES TAIL COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <p>POLICY NUMBER*</p>

Other Professional Liability Insurance Carrier

List secondary / second layer / future or previous carrier(s).

For second layer coverage list name of hospital/organization providing coverage

If you need additional space for Insurance Coverage, photocopy this page as needed and submit as instructed.

<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 90%; height: 20px;"></div> <div>SELF-INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO</div> </div> <p>CARRIER OR SELF-INSURED NAME</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 25%; height: 20px;"></div> <div style="border: 1px solid black; width: 50%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> </div> <p>NUMBER* STREET* SUITE/BUILDING</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 60%; height: 20px;"></div> <div style="border: 1px solid black; width: 10%; height: 20px;"></div> <div style="border: 1px solid black; width: 25%; height: 20px;"></div> </div> <p>CITY* STATE* ZIP CODE*</p> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 25%; height: 20px; text-align: center;">M M Y Y Y Y</div> <div style="border: 1px solid black; width: 25%; height: 20px; text-align: center;">M M Y Y Y Y</div> <div style="border: 1px solid black; width: 25%; height: 20px; text-align: center;">M M Y Y Y Y</div> <div>TYPE OF COVERAGE?* <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SHARED</div> </div> <p>ORIGINAL EFFECTIVE DATE* EFFECTIVE DATE* EXPIRATION DATE</p> <div style="display: flex; justify-content: space-between;"> <div>DO YOU HAVE UNLIMITED COVERAGE WITH THIS INSURANCE CARRIER? <input type="checkbox"/> YES <input type="checkbox"/> NO</div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> <div style="border: 1px solid black; width: 20%; height: 20px;"></div> </div> <p style="text-align: center;">AMOUNT OF COVERAGE PER OCCURRENCE AMOUNT OF COVERAGE AGGREGATE</p> <p>POLICY INCLUDES TAIL COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <p>POLICY NUMBER*</p>
