ExecutivePerils

11845 West Olympic Boulevard • Suite 795 • Los Angeles • CA • 90064
T:310-444-9333 • F:310-444-9355 • Web: www.eperils.com • CA Lic# 0E36308
dba: Executive Perils Insurance Services

HEALTH CARE CONSULTANT
PROFESSIONAL LIABILITY INSURANCE APPLICATION

IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS MADE AND REPORTED BASIS.

NOTICE: THE POLICY PROVIDES THAT THE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY DEFENSE EXPENSES, AND THAT DEFENSE EXPENSES SHALL BE APPLIED AGAINST THE RETENTION.

1. Name of **Applicant**: _____

   Address: _____

   City: _____ State: _____ ZIP: _____

   Contact Person: _____ Title: _____

2. The **Applicant** is (check all that apply):
   - ☐ Individual
   - ☐ Non-profit or Not-for-profit
   - ☐ Partnership
   - ☐ Corporation
   - ☐ Privately Held
   - ☐ LLC

3. Year established: _____ Number of consultants to be covered: _____
   Total number of employees: _____

4. Is the **Applicant** controlled or owned by or associated or affiliated with, or does it own, any other firm or business enterprise? ☐ Yes ☐ No
   If "Yes," please attach an explanation.

5. Estimated annual revenue: Last twelve (12) months: $_____
   Next twelve (12) months: $_____

6. Please identify the professional services for which coverage is desired (please check all that apply):

	Activity	Yes	No	% Annual Revenue
a.	Credentialing or peer review of health care providers	☐	☐	_____%
b.	Utilization review	☐	☐	_____%
c.	Drafting practice guidelines/critical pathways	☐	☐	_____%
d.	Case management	☐	☐	_____%
e.	Disease management	☐	☐	_____%
f.	Handling, adjusting or paying claims	☐	☐	_____%
g.	Application or enrollment processing for enrollees of health care plans	☐	☐	_____%
h.	Billing/submitting claims	☐	☐	_____%
i.	Billing/coding/reimbursement consulting	☐	☐	_____%
j.	Advertising, marketing, or selling health care plans/products/services	☐	☐	_____%
k.	Physician practice/office management services	☐	☐	_____%
l.	Actuarial services	☐	☐	_____%
m.	Accounting services	☐	☐	_____%
n.	Employee benefit advice or services	☐	☐	_____%
o.	Telephone triage or counseling	☐	☐	_____%
p.	Investment management or financial advising	☐	☐	_____%
q.	Legal services	☐	☐	_____%
r.	Other (describe in detail): _____	☐	☐	_____%

7. Are these services provided to others for a fee? ☐ Yes ☐ No
If "No," please explain: _____

8. Please list the **Applicant's** five (5) largest contracts and associated annual revenue:

_____ $ _____
_____ $ _____
_____ $ _____
_____ $ _____
_____ $ _____

9. a. Has the **Applicant** ever acted, or will the **Applicant** act, in any capacity in which it has the ability to exercise decision-making authority for a client or an assignment? ☐ Yes ☐ No
If "Yes," please attach an explanation.

   b. Does the **Applicant** assist in negotiating or have any authority to alter or enter into contractual relationships on any client's behalf? ☐ Yes ☐ No
If "Yes," please attach an explanation.

10. During the past three (3) years, has the **Applicant's** name been changed or has the **Applicant** purchased, or merged or consolidated with, any other business or has the **Applicant** been purchased? ☐ Yes ☐ No
If "Yes," please attach an explanation.

11. Are any material changes in the nature or size of the **Applicant's** business anticipated over the next twenty-four (24) months? ☐ Yes ☐ No
If "Yes," please attach a detailed explanation.

12. Please list professional associations to which the **Applicant** belongs: _____
_____
_____

13. Does the **Applicant** provide services to any governmental entities or programs (Medicaid, Medicare, CHAMPUS, etc.), or does it plan to do so? ☐ Yes ☐ No
If "Yes," please attach an explanation.

14. Does the **Applicant** provide services to any employee benefit plans, including any pension plans, or does it plan to do so? ☐ Yes ☐ No
If "Yes," please attach an explanation.

15. a. Does the **Applicant** use a written contract with clients? ☐ In all cases ☐ Sometimes ☐ Never

   b. Does the **Applicant** agree to hold its clients "harmless" or agree to indemnify its clients? ☐ Yes ☐ No

16. Does the **Applicant** subcontract work to others? ☐ Yes ☐ No
If "Yes," please attach an explanation.

17. Does the **Applicant** have promotional literature? ☐ Yes ☐ No

18. Is any errors and omissions or professional liability insurance currently in force? ☐ Yes ☐ No
If "Yes," please indicate:

Name of Insurer: _____

Expiration Date: _____ Limit: _____

Deductible: _____ Premium: _____

Length of time coverage has been continuously in force: _____

19. Limits of Liability desired: $_____ each Claim or Related Claims.
$_____ aggregate for all Claims.

20. Retention desired: ☐ $5,000 ☐ $10,000 ☐ $25,000 ☐ Other: $_____

21. **MISSOURI RESIDENTS - DO NOT ANSWER THIS QUESTION.**
Has any errors and omissions or professional liability insurance ever been declined or canceled? ☐ Yes ☐ No
If "Yes," please attach an explanation.

22. Does any director, officer, employee, or partner of the **Applicant** have knowledge or information of any act, error, or omission which might reasonably be expected to give rise to a claim? ☐ Yes ☐ No
If "Yes," please attach an explanation.

Please Note: Without prejudice to any other rights and remedies of the Underwriter, it is agreed that any claim required to be disclosed in response to Question 22 is excluded from the proposed insurance.

23. Please attach a list and the current status of all errors and omissions claims made during the past three (3) years against the **Applicant** or any director, officer, employee, or partner of the **Applicant**.
If none, please check here: ☐ None

24. Has the **Applicant** or any director, officer, employee, or partner of the **Applicant** ever been the subject of disciplinary action as a result of professional activities? ☐ Yes ☐ No
If "Yes," please attach an explanation.

Please Note: Information provided in response to questions 21–24 does not constitute notice of claim or potential claim under any insurance policy. All such notices must by submitted in accordance with the policy.

25. The basic policy for which the **Applicant** has applied will not cover acts committed before the inception date of the policy. If the **Applicant** desires a quote for these prior acts, please enter the date from which the **Applicant** wants prior acts covered: _____. (Please note: Coverage does not apply to known or expected claims or those which any insured could have reasonably foreseen.)

ATTACHMENTS

Please attach to this Application copies of the following documents. These documents shall be a part of this Application:

1. Sample copies of all types of client contracts, including sub-contractor contracts.
2. Copies of all promotional or marketing materials.
3. The **Applicant's** most recent interim and/or accountant-prepared financial statement.
4. Resumes (including professional qualifications or designations) of all partners, principals, and key employees.
5. Description of the **Applicant's** services, if not described in promotional or marketing materials or in Question 6 above.

FOR THE PURPOSES OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF ALL PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE DECLARES THAT, TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION, AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE. THE UNDERWRITER IS AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. ACCEPTING THIS APPLICATION DOES NOT BIND THE UNDERWRITER TO ISSUE A POLICY.

THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE UNDERWRITER AND IS CONSIDERED PHYSICALLY ATTACHED TO THIS APPLICATION. THIS APPLICATION AND SUCH INFORMATION WILL BECOME PART OF, AND BE CONSIDERED PHYSICALLY ATTACHED TO, ANY POLICY ISSUED AS A RESULT OF THIS APPLICATION. IF, AS A RESULT OF THIS APPLICATION, A POLICY IS ISSUED, THE UNDERWRITER WILL HAVE RELIED UPON THIS APPLICATION AND ON SUCH ATTACHMENTS.

IF THE STATEMENTS IN THIS APPLICATION OR IN ANY ATTACHMENT CHANGE BETWEEN THE DATE OF THIS APPLICATION AND THE POLICY EFFECTIVE DATE, THE APPLICANT MUST NOTIFY THE UNDERWRITER, AND THE UNDERWRITER MAY MODIFY OR WITHDRAW ANY QUOTATION.

THE UNDERSIGNED DECLARES THAT THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE UNDERSTAND THAT:

(A) THE POLICY FOR WHICH APPLICATION IS MADE WILL APPLY ONLY TO CLAIMS FIRST MADE OR DEEMED MADE AND REPORTED TO THE UNDERWRITER DURING THE PERIOD IN WHICH THE POLICY IS IN EFFECT;

(B) THE LIMITS OF LIABILITY CONTAINED IN THE POLICY WILL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY THE PAYMENT OF DEFENSE EXPENSES AND, IN SUCH EVENT, THE UNDERWRITER WILL NOT BE RESPONSIBLE FOR THE CONTINUED DEFENSE OF ANY CLAIM OR BE LIABLE FOR THE DEFENSE EXPENSES OR FOR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT TO THE EXTENT THAT ANY OF THE FOREGOING EXCEED ANY APPLICABLE LIMIT OF LIABILITY; AND

(C) DEFENSE EXPENSES WILL BE APPLIED AGAINST ANY APPLICABLE RETENTION.

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 FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO MINNESOTA, OHIO, AND ARKANSAS APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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, WHICH IS A CRIME.

NOTICE TO OKLAHOMA APPLICANTS: 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.

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 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.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO 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.

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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICANT		
By (*President and/or CEO*)	TITLE	DATE

Please note: This Application must be signed by the President and/or CEO of the **Applicant** acting as authorized agent of the person(s) or entity(ies) proposed for this insurance.

REQUIRED INFORMATION

PRODUCED BY *(Insurance Agent)* Please print and sign name _____ _____	
INSURANCE AGENCY	
INSURANCE AGENCY TAXPAYER ID OR SOCIAL SECURITY NO.	AGENT LICENSE NO.
ADDRESS *(No., Street, City, State, and ZIP)*	
EMAIL ADDRESS	

SUBMITTED BY *(Insurance Agency)*	INSURANCE AGENCY TAXPAYER ID OR SOCIAL SECURITY NO.	AGENT LICENSE NO.
ADDRESS *(No., Street, City, State, and ZIP)*		

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