

PROFESSIONAL LIABILITY INSURANCE CLAIMS-MADE COVERAGE APPLICATION

For Employed Non-Consulting Members of AAPM

Underwritten by: Liberty Insurance Underwriters Inc.

NOTICE: THIS POLICY FOR WHICH THIS APPLICATION IS BEING SUBMITTED IS A CLAIMS-MADE POLICY, AND SUBJECT TO ITS TERMS AND CONDITIONS, THIS POLICY ONLY COVERS CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER IN WRITING DURING THE POLICY PERIOD, OR DURING THE EXTENDED REPORTING PERIOD, IF APPLICABLE.

How to apply:

1. Complete application below.
2. Note the premium below for the policy you selected. All premiums are annual.
3. Return your completed application, along with your annual premium, to the address provided.

All coverages elected must be under the same policy limits. **PLEASE CONTACT THE PROGRAM ADMINISTRATOR AT THE TOLL FREE NUMBER PROVIDED SHOULD YOU HAVE ANY QUESTIONS REGARDING THE LIMITS AND/OR OPTIONAL COVERAGES REFLECTED.** Coverage is effective the date your application is approved and payment is received. Please allow three to four weeks for delivery of your certificate. **Please print or type all information.**

APPLICANT INFORMATION (Applicant Must Complete)

APPLICANT NAME

BUSINESS NAME (if applicable)

PHYSICAL STREET ADDRESS

CITY

STATE ZIP

BUSINESS PHONE

FAX #

HOME PHONE#

MEMBER ID#

E-MAIL ADDRESS

EMPLOYED/NON-CONSULTING MEMBERS ONLY

Individual Employed coverage is not available if you have employees or independent contractors working on your behalf.

Territory 1: AK, AZ, CA, CO, FL, HI, IL, LA, NV, TX

Territory 2: AL, AR, CT, DE, DC, GA, ID, IN, IA, KY, MA, MD, ME, MI, MN, MS, NH, NY, OH, OR, PA, RI, TN, UT, WA, WI, WY

Territory 3: KS, MO, MT, NE, NJ, NM, NC, ND, OK, SC, SD, VT, VA, WV

Kentucky Residents Only: Due to state taxes and surcharges, please do not submit premium at this time. You will receive a quote from our underwriting department once your applications is received and reviewed.

** Plus applicable state surcharges/taxes

PREMIUM RATES

Employed/Non-Consulting

Coverage	<u>\$100,000/\$300,000</u>	<u>\$1,000,000/\$3,000,000</u>	<u>\$2,000,000/\$4,000,000</u>
Territory 1	\$195.00	\$318.00	\$372.00
Territory 2	\$156.00	\$254.00	\$297.00
Territory 3	\$117.00	\$191.00	\$223.00

Rates listed above are based on the state in which you reside. Locate your territory along with the limit desired to find your applicable premium.

PRIOR ACTS COVERAGE

- No Prior Acts: 0%
- 1 year Prior Acts: 33.33%
- 2 years Prior Acts: 50.00%
- 3 years Prior Acts: 58.33%
- 4+ years Prior Acts: 66.67%

NOTE: Prior Acts Step Factor applies to entire subtotal premium.

ENCLOSE COPY OF CURRENT POLICY.

CHECK LIMIT DESIRED

- \$100,000/\$300,000
- \$1,000,000/\$3,000,000
- \$2,000,000/\$4,000,000

COMPUTING YOUR PREMIUM – FOR EMPLOYED/NON-CONSULTING MEMBERS ONLY

1. Determine your territory (state where you reside) and the coverage you desire. \$ _____
2. Prior Acts Coverage (if desired). Enclose copy of current policy.
 Number of years _____ = _____ % x Premium (from line 1) _____ = \$ _____
3. Calculation of state taxes/surcharges (if applicable) \$ _____
 ** FL Residents: Add 1.3% for FL Hurricane Catastrophe Fund Assessment Charge (Premium x .013)
 NJ Residents: Add 0.9% for NJ Property & Liability Guaranty Association Surcharge (Premium x .009)
 Round to the nearest dollar.
 WV Residents: Add 0.55% for WV Fire & Casualty Surcharge (Premium x .0055)
 ** FL Residents: Not applicable for policies effective 01/01/2015.
4. FINAL ANNUAL COST (Add Lines 1 + 2 +3) \$ _____

1. Have you, (any owners/principals, or any of your employees, if self-employed) ever had the following: revoked, suspended, refused, denied renewal, placed on probation, cancelled, or voluntarily surrendered by you, (any owners/principals, or any of your employees, if self-employed) or is such an action pending?

(If yes, explain on a separate sheet of paper, please include dates and details.)

- State License or Certification YES NO
- Malpractice Insurance ** YES NO

****Notice to Missouri Residents:** This question does not apply.

2. Has any claim or suit ever been brought against you, or (any owners/principals, or any of your employees, if self-employed) or are you or (any owners/principals, any of your employees, if self-employed) aware of any incident that might reasonably lead to a claim or suit? (If yes, explain on a separate sheet of paper; please include dates, allegations and amounts.)

- YES NO

3. Are you a Full, Fellow, Emeritus or Junior Member of AAPM? YES NO

(Student, Associate and Corresponding Members are not eligible for coverage.)

I understand that I am not covered by this insurance for rendering or failure to render any professional services as the following: physician, surgeon, dentist, sonographer, colon therapist, nurse midwife, chiropractor, podiatrist, osteopath, cytotechnologist, electroneurodiagnostic, technologist, perfusionist, or psychiatrist. I understand that these professional occupations are excluded from coverage. I understand that this insurance will not apply to any partner, principal or owner of a residential/overnight facility.

This application is subject to the underwriter's approval. Your completion of this application and premium payment does not bind coverage or obligate the Insurer to issue you insurance coverage. Coverage will become effective following the receipt of your acceptable application and premium payment. Your application cannot be processed unless it is completed in its entirety. The application is subject to the Insurer's underwriting rules.

YOU MUST SIGN AND DATE THIS APPLICATION

IN ALL STATES OTHER THAN THOSE LISTED BELOW: 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 may be a crime and may subject the person to criminal and civil penalties.

ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA: 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.

COLORADO: 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 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.

DISTRICT OF COLUMBIA: WARNING: 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.

KANSAS: 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 commits a fraudulent insurance act.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: 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 denial of insurance benefits.

MARYLAND: Any person who knowingly or 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.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: 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 CIVIL FINES AND CRIMINAL PENALTIES.

OHIO: Any person who, with intent to defraud or knowing that he 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.

OKLAHOMA: 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.

PENNSYLVANIA: 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.

FLORIDA: 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.

NEW YORK:

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.

Declaration and Signature -

The undersigned, on behalf of all prospective insureds, after a reasonable inquiry, declares to the best of his/her knowledge and belief that the statements contained herein are true and are the basis of the acceptance of the risk or the hazard assumed by the Insurer under this Policy. It is further agreed by the undersigned, its Subsidiaries and their directors, officers and trustees that the Policy, if issued, is in reliance upon the truth of such representations. It is agreed that, although the signing of the Application does not commit the undersigned to purchase the insurance being applied for, the statements made in this Application shall become the basis of the Policy should one be purchased. The Insurer is hereby authorized to make any investigation and inquiry in connection with this Application deemed necessary.

_____/_____/_____
Signature of Authorized Partner / Office/Owner Title Title Date

Name of individual signing this application (printed)

_____/_____/_____
Producer's Signature Producer's License Number Date

Producer's Name

Enclosed is my check for \$ _____ Effective Date Desired* _____

Make check payable to Mercer Consumer and return your check and this application in the envelope provided.

*May not be earlier than the date the Program Administrator receives and approves this application.

I authorize Mercer Consumer to charge my: Visa MasterCard Amount \$ _____

Credit Card Number _____ Expiration Date: _____

Print name exactly as it appears on card _____

Cardholder's Billing Address: _____

City, State and Zip: _____



Administrator:

Mercer Consumer a service of

Mercer Health & Benefits Administration LLC

P.O. Box 14576

Des Moines, IA 50306-3576

1-800-765-9408

www.proliability.com

In CA d/b/a Mercer Health & Benefits Insurance Services LLC

AR Ins. Lic. #303439

CA Ins. Lic. #0G39709

Underwritten by:

Liberty Insurance Underwriters, Inc.

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Mercer Consumer Insurance Compensation & Disclosure

In this transaction, Mercer Consumer a service of Mercer Health & Benefits Administration LLC (Mercer Consumer) is acting as the insurance agent and program manager for Liberty Insurance Underwriters Inc. ("Insurer") for this type of coverage, and not as your insurance broker. Comparable insurance products may be available in the insurance market place. Mercer Consumer is only offering this selected carrier quote proposal.

In accordance with industry custom, we are compensated through commissions that are calculated as a percentage of the insurance premiums charged by insurers. We may also receive additional monetary and nonmonetary compensation from insurers, or from other insurance intermediaries, which may be contingent upon such factors as volume, growth or retention of business. This compensation may include payment from insurers for marketing related expenses or investments in technology. Our compensation may vary depending on the type of insurance purchased and the insurer selected. We will provide you additional information about our compensation and information about alternative quotes, upon your request.

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