INDIVIDUAL PROFESSIONAL LIABILITY INSURANCE APPLICATION FOR ADVANCED PRACTICE NURSING PROFESSIONALS

Broker ID #_____
(Internal use only)

HOW TO APPLY:
1. You may apply on-line at www.proliability.com, or
2. Complete application below.
3. Note the premium below for the policy you selected. All premiums are annual.
4. Return your completed application, along with your annual premium, to the address provided.

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 print or type all information. Visit www.proliability.com for more information and to view available professions for applying online.

RESIDENTS OF NEW YORK

NOTE: Nurse Anesthetists, nurse midwives and those nurses involved in labor and delivery without the direct supervision of a physician, are not eligible for coverage. If you are a business owner and/or have employees or any independent contractors working on your behalf, please do not complete this application and instead visit www.proliability.com/faq for the "Firm" application.

Section A. APPLICANT INFORMATION (REQUIRED)

FIRST NAME INITIAL LAST NAME

PHYSICAL STREET ADDRESS (MUST COMPLETE) CITY STATE ZIP

MAILING ADDRESS (IF DIFFERENT THAN ABOVE) CITY STATE ZIP

BUSINESS PHONE# FAX # HOME PHONE#

DATE OF BIRTH (DD/MM/YYYY) EMAIL ADDRESS

Fully Owned DBA or Corporation (If Applicable) Note: Businesses with employees and/or independent contractors, visit www.proliability.com/faq for the "Firm" application.

Are you an active member of a healthcare association? ☐ Yes ☐ No
If "Yes", please list the healthcare association and provide your membership number:

Section B. PROFESSIONAL DESIGNATION

Employed: means you practice on behalf of an entity or organization, receive a W-2 tax form (or are an unpaid volunteer) and are not an owner of the legal entity or organization that issues your W-2. Additionally, you have no Self-Employed practice.

Self-Employed: means you either practice as an independent Solo Practitioner or as an Independent Contractor for which you receive an IRS tax form 1099.

NOTE:

A. Self-Employed Applicants: If you have or plan to hire employees and/or independent contractors and you wish to be insured for their actions, please apply as a firm. Visit www.proliability.com/faq for the "Firm" application.
B. If you work as both self-employed AND employed and would like to exclude from your coverage work you perform for any employer, please visit www.proliability.com/faq for further information.
C. You must select Self-Employed if you work for an Employer that you know at the time of application does not purchase professional liability or their policy does not cover your work. You must also complete questions 2. a.-e. in Section C. Underwriting Questions.

1. Select your professional designation:

☐ NP / ☐ CNS (with prescriptive or medical diagnostic authority)

2. Select your national certification (choose all that apply)

□ Acute Care	□ Adult	□ Adult Gerontology	□ Family	□ Gerontology	□ Neonatal	□ Oncology
□ Pediatric	□ Psychiatric & Mental Health		□ School	□ Women's Health		

a. Select primary area of specialty (choose one) then select your employment setting.

Class 1: □ Adult □ Critical Care □ Family Planning □ Gerontology □ Women's Health □ Oncology □ Dermatology				
	Employed $2,000,000 / $4,000,000	Employed $1,000,000 / $3,000,000	Self Employed $2,000,000 / $4,000,000	Self Employed $1,000,000 / $3,000,000
Full Time	☐ $516	☐ $441	☐ $516	☐ $441
Part Time (20hrs/wk or less)	☐ $283	☐ $241	☐ $283	☐ $241
Class 2: □ Psychiatric & Mental Health				
	Employed $2,000,000 / $4,000,000	Employed $1,000,000 / $3,000,000	Self Employed $2,000,000 / $4,000,000	Self Employed $1,000,000 / $3,000,000
Full Time	☐ $737	☐ $630	☐ $737	☐ $630
Part Time (20hrs/wk or less)	☐ $403	☐ $345	☐ $403	☐ $345
Class 3: □ Community Health □ Family □ Maternal & Child □ Medical Surgical □ Neonatology □ Pediatric □ Acute Critical Care (no OB/GYN) □ School				
	Employed $2,000,000 / $4,000,000	Employed $1,000,000 / $3,000,000	Self Employed $2,000,000 / $4,000,000	Self Employed $1,000,000 / $3,000,000
Full Time	☐ $959	☐ $819	☐ $959	☐ $819
Part Time (20hrs/wk or less)	☐ $525	☐ $448	☐ $525	☐ $448
Class 4: □ OB/GYN □ OB/GYN Acute Care □ NP with Cosmetic				
	Employed $2,000,000 / $4,000,000	Employed $1,000,000 / $3,000,000	Self Employed $2,000,000 / $4,000,000	Self Employed $1,000,000 / $3,000,000
Full Time	☐ $1179	☐ $1008	☐ $1179	☐ $1008
Part Time (20hrs/wk or less)	☐ $1179	☐ $1008	☐ $1179	☐ $1008

Other limit options may be available upon request, please visit www.proliability.com/faq for further instructions.

b. Select primary area of work (choose one)

□ Ambulatory Care Facility	□ Community Health Agency	□ Correctional Facility	□ Home Health
□ Hospice	□ Hospital	□ Managed Care Organization	□ NP Owned Practice
□ Nursing Home	□ Physician Office	□ School	□ School/Education Facility
□ Staffing Agency	□ Surgical Center □ Staffing Agency		

Section C. UNDERWRITING QUESTIONS

1. All Applicants: Within the last ten (10) years:

   For all "YES" responses, attach an explanation on a separate sheet of paper, preferably on any letterhead you might use).

   a. Have you been the subject of disciplinary or investigative proceedings (including Medicaid billing inquiries) and/or been reprimanded by governmental or administrative agency, hospital or professional association OR been convicted for an act committed in violation of any law or ordinance other than traffic offenses OR had practice privileges reduced, suspended OR had a license or certification to practice revoked or denied? ☐ Yes ☐ No

   b. Has any state professional license to prescribe been refused, reduced, suspended, revoked, renewal refused, or accepted only on special terms or ever voluntarily surrendered? ☐ Yes ☐ No

c. Has any claim or suit been brought against you or are you aware of any incident that might reasonably be expected to lead to a claim or suit? ☐ Yes ☐ No

d. Have you had professional liability coverage refused, renewal denied, and/or cancelled?* ☐ Yes ☐ No

e. Do you perform or assist in the performance of surgical procedures? ☐ Yes ☐ No
If "Yes", please explain:_____

f. Do you provide any Consulting Services, Educational Services, or Life Care Planning? ☐ Yes ☐ No
Please visit www.proliability.com/faq to download and complete a required Non-Direct Patient Care Supplemental Questionnaire-your application cannot be processed without this form. To learn more about the Non-Direct Patient Care Endorsement, visit www.proliability.com/faq.

2. Self-Employed Applicants: Please answer each question below

If you answer "YES" to any of the following questions, please visit www.proliability.com/faq for further instructions.

a. Do you perform any services for or at a correctional facility? ☐ Yes ☐ No

b. Do you engage in any medical enterprise other than nursing? ☐ Yes ☐ No

c. Do you interpret test results, including x-rays? ☐ Yes ☐ No

d. Do you perform elective cosmetic procedures, including but not limited to micropigmentation, microdermabrasion, botox, or laser hair removal? ☐ Yes ☐ No

e. Do you rent, sell, manufacture or distribute products? ☐ Yes ☐ No

Section D. OPTIONAL COVERAGES (SELF-EMPLOYED INDIVIDUALS ONLY)

** For more information on General Liability and Additional Insureds, please visit www.proliability.com/faq

	ANNUAL LIMITS AND PREMIUM	
	$2,000,000 per incident/occurrence *$4,000,000* annual aggregate	*$1,000,000* per incident/occurrence *$3,000,000* annual aggregate

General Liability (locations must be owned, leased or rented by the named insured)

Coverage for 1st location	☐ $140	☐ $120
Each additional location (List name and address of each facility on a separate sheet of your letterhead)	( ) x $59 = $_____	( ) x $50 = $_____

Additional Insured

This optional coverage protects each facility under contract with the insured against claims arising out of the sole negligence of the insured. It should only be purchased if required by contract. Landlords need not be listed because this coverage is included in the policy.

Premium rate is for each additional insured named.
Please attach name and address for each facility.

Professional Liability Only	( ) x $146 = $_____	( ) x $125 = $_____
General Liability Only (available only if General Liability is purchased above)	( ) x $29 = $_____	( ) x $25 = $_____
Professional & General Liability (available only if General Liability is purchased above)	( ) x $176 = $_____	( ) x $150 = $_____

Section E. PREMIUM CALCULATIONS

Step 1. PREMIUM FROM SECTION B $_____

Step 2. *Sponsored Applicants Only* - Receive a 10% Premium Credit. See if you qualify for one of these four ways to save.
You will receive a 10% premium credit if you complete or participate in one of the following:
The credit may only be applied once.
Example: Premium selected x 90% = payment due (round to the nearest whole dollar).

☐1. Attend an approved loss prevention course/loss control/risk management seminar. The seminar must be at least four hours in length. The seminar credit will be on a per policy basis (one seminar, one credit, one annual policy period).
☐2. Hold an accepted certification from AANPCP, ANCC or other certifying bodies.
☐3. Employment at a Magnet Hospital. Please list name of hospital: _____
☐4. Employment in a unit that has received the Beacon Award for Critical Care Excellence.

Total RM credit cannot exceed 10 % $_____

Step 3. SUBTOTAL steps 1 and 2 $_____

Step 4. ☐ Check here if you wish to add the Non-Direct Patient Care Endorsement to your policy. $ 25.00
*This endorsement covers non-direct patient care services provided within your area of specialization. For more information visit www.proliability.com/faq .

Step 5. OPTIONAL COVERAGES (section D IF APPLICABLE) $_____

Step 6. SUBTOTAL from Step 3 plus Step 4 & 5 $_____

Step 7. TOTAL PREMIUM DUE (ROUND TO NEAREST WHOLE DOLLAR) $_____

I understand that I am not covered by this insurance for rendering or failure to render any professional services as a physician, surgeon, dentist, nurse midwife, perfusionist, cytotechnologist, chiropractor, podiatrist, osteopath 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.

In order to enhance the stability of this professional liability insurance program, coverage has been organized through a purchasing group, pursuant to legislation, known as the Federal Liability Risk Retention Act of 1986, enacted by Congress. Coverage is provided to the purchasing group by Liberty Insurance Underwriters Inc. (“Insurer”). This application is subject to the Insurer’s underwriting rules and 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.

Once the completed application has been approved and the premium has been received, you will automatically become a member of a risk purchasing group operated by Mercer Consumer that is consistent with your professional designation.

INSURANCE FRAUD WARNINGS

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.

YOU MUST SIGN AND DATE THIS APPLICATION

Declaration and Signature -

The undersigned 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 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.

_____ _____ / _____ / ____
APPLICANT Signature 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.

If you choose to pay by credit card, visit https://mercersecure.mercer.com/emailweb/createToken?client=110 to enter your credit card information and upload this form*. Submission of your credit card information to Mercer does not constitute receipt of payment or approval or binding of coverage by the insurer. Any coverage is subject to the terms and conditions of the insurance policy issued by the insurer.
Payment will be processed upon review **and** acceptance of your submission.

**Credit card payments are not accepted by email or fax.*

MERCER
MAKE TOMORROW, TODAY

Program Administered by:
Mercer Health & Benefits Administration LLC*("Mercer Consumer")
PO BOX 310395
Des Moines, IA 50331-0395
1-800-503-9230
www.proliability.com

AR Insurance License #100102691
CA Insurance License #0G39709
Mark Brostowitz, Licensed Agent
In CA d/b/a Mercer Health & Benefits Insurance Services LLC

Underwritten by: Liberty Insurance Underwriters Inc.

*Mercer Consumer is a registered trade name of Mercer Health & Benefits Administration LLC

Mercer Consumer Insurance Compensation & Disclosure

In this transaction, Mercer Consumer, a service of Mercer Health & Benefits Administration LLC, is acting as the exclusive insurance agent and program manager for Liberty Insurance Underwriters Inc. (Insurer) for this type of coverage, and not as your insurance broker. As the agent for Insurer, Mercer Consumer may provide these services: enrollments, ongoing servicing, billing, marketing, customer administrative and claim servicing and communications.

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 upon your request.

You may obtain this information by referring to https://www.personal-plans.com/disclosure and entering the security code o3975329 or call us at 1-888-206-5088 for specific details.

To review the applicable Liberty policy form, you may download it at our website: https://www.proliability.com/lp/plpolicyforms/index.html. Once you have been approved for coverage, you will also receive a complete packet of your policy documents.