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| Healthcare/Miscellaneous Facilities Liability Application |
| School Supplement |
| * Ace American Insurance Company * Illinois Union Insurance Company * Westchester Surplus Lines Insurance Company |

**Instructions:**

The requested information is necessary before a quotation can be obtained.

Type or print clearly.

Answer ALL questions completely, leaving no blanks. If any questions, or part thereof, do not apply, print “N/A” in the appropriate space. Any spaces left blank will be interpreted to not apply.

Provide any supporting information on a separate sheet and reference the applicable question number.

Use  for Yes or No answers and other selections.

This application must be completed, dated and signed by an authorized representative of the applicant. Underwriters will rely on all statements made in this application

The information requested in this application is for underwriting purposes only and does not constitute notice to the Company under any Policy of a claim or potential claim. All such notices must be submitted to the Company pursuant to the terms of the Policy, if and when issued.

***Notice: This supplement is part of the main Healthcare/Miscellaneous Facilities Liability Application and is subject to the same warranties, representations and conditions.* All relevant sections of the main application also apply to, and shall contemplate, applicants subject to this supplement. This includes but is not limited to the main application sections for Loss Experience, Coverage Requested, Exposures (prospective and historical Professional Liability, General Liability, Home Health Care and/or Hospice Services, Staffing Agency Services, Aircraft Liability, Automobile Liability, Watercraft Liability, and Employer’s Liability), Excess Liability, Professional Employees and Staff, License/Certification Information, Risk Management, Employment Practices, Previous Insurance, Prior Acts Warranty (if applicable), Fraud Warning, Declaration & Certification, and Signature.**

# Section A. – Type of Facility & Services Provided

1. Select each type of facility for the training of health care professionals that apply to the applicant’s operations:.

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| --- | --- | --- |
| Dental School | Nursing School | |
| Medical School | Optometry School | |
| Other – Describe: | | |
| 1. Describe all clinical services provided by the applicant: | | |
| 1. Where does the clinical portion of training take place? | | |
| 1. Does the applicant maintain beds for overnight recovery or occupancy?   If Yes, number and type: | | Yes  No |
| 1. Does the applicant have contracts or affiliation agreements (written or oral) with non-owned entities, or individuals not in the applicant’s employment, to act as clinical training sites for the applicant’s students? | | Yes  No |
| If Yes | |  |
| 1. List each training site location, name of the training site, and the nature of the training: | | Yes  No |
| 1. Do these contracts or affiliation agreements contain minimum professional liability insurance requirements for the other party?   If Yes, what is the minimum amount required? $      Each Professional Incident/$      Annual Aggregate | | Yes  No |
| 1. Do these contracts or affiliation agreements contain mutual hold harmless and indemnification provisions? | | Yes  No |
| 1. Do any of these contracts or affiliation agreements require the applicant to hold the other party harmless, and/or indemnify the other party, for the acts of the applicant’s students while at the non-owned clinical training site?   If Yes, attach all such contracts or affiliation agreements. | | Yes  No |

# Section B. – Students, Residents & Volunteer Faculty

1. Provide exposure data for students enrolled in the applicant’s formal training programs, separately by location, as follows. Also provide exposure data for PGY-1 physicians, residents and/or fellows separately by location, for such physicians working at the applicant’s facilities or enrolled in its training programs. If multiple locations have these exposures, attach a list providing the same information for each location.

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| --- | --- | --- | --- |
| Course/Program  Separately By Location:        (location) | Full-Time Equivalent Projections for Current or Expiring Year By Location | Full-Time Equivalent Projections for Prospective Coverage Period By Location | Average % of (1) Direct Patient Care |
| Dental Assistant Students |  |  | % |
| Dental Hygienist Students |  |  | % |
| Dental School Students (leading to award of D.D.S. degree – not to include Oral or Maxillofacial Surgeons) |  |  | % |
| Dialysis Technician Students |  |  | % |
| Dietician/Nutritionist Students |  |  | % |
| Fellows (post-graduate training program) |  |  |  |
| (2) Specialty/ISO Code: |  |  | % |
| (2) Specialty/ISO Code: |  |  | % |
| (2) Specialty/ISO Code: |  |  | % |
| (2) Specialty/ISO Code: |  |  | % |
| (2) Specialty/ISO Code: |  |  | % |
| Mental Health Counselor Students |  |  | % |
| Nurse Practitioner Students |  |  | % |
| Nurse/RN/LPN Students |  |  | % |
| Occupational Therapist Students |  |  | % |
| PGY-1/Residents (post-graduate training program) |  |  |  |
| (2) Specialty/ISO Code: |  |  | % |
| (2) Specialty/ISO Code: |  |  | % |
| (2) Specialty/ISO Code: |  |  | % |
| (2) Specialty/ISO Code: |  |  | % |
| (2) Specialty/ISO Code: |  |  | % |
| Pharmacy Technician Students |  |  | % |
| Pharmacy Students |  |  | % |
| Physical Therapist Students |  |  | % |
| Medical School Students (leading to award of D. O. or M.D. degree)  First-Year  Second-Year  Third-Year  Fourth-Year |  |  | %       %       %       % |
| Optometry School Students (leading to award  of O.D. degree) |  |  |  |
| Psychology Students |  |  | % |
| Radiological Technologist Students |  |  | % |
| Rehabilitation Counselor/Therapist Students |  |  | % |
| Respiratory Therapist Students |  |  | % |
| Social Worker Students |  |  | % |
| Speech Therapist Students |  |  | % |
| Other – Students: |  |  | % |
| Other – Students: |  |  | % |

(1) Direct patient care means services performed to care for or assist your patients, including: medical, surgical, dental, x-ray, nursing, mental or other similar Healthcare Professional Services and the furnishing of food or beverages in connection with such services; the dispensing of drugs or medical or dental supplies and appliances; and the postmortem handling of human bodies, including autopsies. Also includes

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| 1. Should the students listed in item 1. above be included for individual Professional Liability insurance including while on rotation at non-owned affiliated training sites?   If No, explain: | Yes  No |
| 1. Should the PGY-1 physicians, residents and/or fellows listed in item 1. above be included for individual Professional Liability insurance while their work is controlled and directed by the applicant? | Yes  No |
| If No, are such physicians required to carry their own Professional Liability insurance?  If Yes, specify the minimum limits of liability required:  $      Each Professional Incident/$      Annual Aggregate | Yes  No |
| 1. Provide volunteer faculty exposure data separately by location as follows. If multiple locations have these exposures, attach a list providing the same information for each location. Volunteer workers are those not paid a fee, salary or other compensation by the applicant or anyone else for their work performed for the applicant and who donates his or her work. Note: Similar information for employed faculty exposure data is requested on the main Healthcare/Miscellaneous Facilities Liability Application. | Yes  No |

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| Course/Program  Separately By Location:        (location) | Volunteer Faculty - Full-Time Equivalent Projections for Current or Expiring Year By Location | Volunteer Faculty - Full-Time Equivalent Projections for Prospective Coverage Period By Location | Average % of (1) Direct Patient Care |
| Dentists – not to include Oral or Maxillofacial Surgeons |  |  | % |
| Nurse Anesthetists |  |  | % |
| Nurse Midwives |  |  | % |
| Nurse Practitioners |  |  | % |
| Podiatrists |  |  |  |
| Physicians |  |  |  |
| (2) Specialty/ISO Code: |  |  | % |
| (2) Specialty/ISO Code: |  |  | % |
| (2) Specialty/ISO Code: |  |  | % |
| (2) Specialty/ISO Code: |  |  | % |
| (2) Specialty/ISO Code: |  |  | % |
| (2) Specialty/ISO Code: |  |  | % |
| (2) Specialty/ISO Code: |  |  | % |
| (2) Specialty/ISO Code: |  |  | % |
| (2) Specialty/ISO Code: |  |  | % |
| (2) Specialty/ISO Code: |  |  | % |
| Physician Assistant |  |  | % |
| Other: |  |  | % |
| Other: |  |  | % |

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| 1. Should the volunteer faculty members listed in item 4. above be included for individual Professional Liability insurance while acting at the direction of and within the scope of duties determined by the applicant? | Yes  No |
| 1. If No, are volunteer faculty members required to carry their own Professional Liability insurance?   If Yes, specify the minimum limits of liability required:  $      Each Professional Incident/$      Annual Aggregate | Yes  No |
| 1. Have there been any material changes in the number of employed or volunteer faculty members and programs, or specialty, mix over the past five years?   If Yes, explain: | Yes  No |
| 1. Are the applicant’s students always supervised by a faculty member during clinical training?   If No, explain: | Yes  No |
| 1. Is there a written agreement between the applicant and its faculty members?   If Yes, attach a specimen agreement. | Yes  No |

# Section C. – Supplemental Materials As Attachments

1. The most current versions of the following documents must be submitted, if applicable:

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| --- | --- |
| Contracts or Affiliation Agreements With Non-Owned Entities Or Individuals Not In The Applicant’s Employment With Hold Harmless And/Or Indemnification Provisions | Included  Not Applicable |
| Specimen Agreement Between The Applicant And Its Faculty Members | Included  Not Applicable |

**THE APPLICANT WARRANTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS SUPPLEMENT ARE TRUE AND COMPLETE AND NO MATERIAL FACTS HAVE BEEN MISREPRESENTED OR MISSTATED IN THIS SUPPLEMENT OR HAVE BEEN CONCEALED OR SUPPRESSED.**

**THE APPLICANT UNDERSTANDS THAT THIS FORM IS PART OF THE MAIN HEALTHCARE/MISCELLANEOUS FACILITIES LIABILITY APPLICATION AND IS SUBJECT TO THE SAME WARRANTIES**

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|  |  |  |
| Name of Applicant |  | Signature of Applicant |
|  |  |  |
| Title |  | Date |
|  |  |  |

# Physician Exposures – ISO Codes

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| --- | --- | --- | --- |
| ISO Code | Specialty | ISO Code | Specialty |
| 80254 | Allergy | 80474 | Neonatology/Perinatology  – Major Pediatric Surgery |
| 80151 | Anesthesiology | 80293 | Neonatology/Perinatology  – Minor Pediatric Surgery |
| 80422 | Angio/Arterio/Catheterization | 80287 | Nephrology |
| 80150 | Cardiovascular Surgery | 80261 | Neurology – No Surgery |
| 80115 | Colon & Rectal Surgery | 80152 | Neurosurgery |
| 80282 | Dermatology - Invasive Procedures | 80153 | Obstetrics/OB-GYN |
| 80256 | Dermatology - No Surgery | 80233 | Occupational/Industrial Medicine |
| 80271 | Diabetes - Minor Surgery | 80263 | Ophthalmology – No Surgery/Laser |
| 80237 | Diabetes - No Surgery | 80114 | Ophthalmology - With Surgery/Laser |
| 80253 | Diagnostic Radiology | 80154 | Orthopedic Surgery |
| 80157 | Emergency Medicine | 80265 | Otolaryngology – No Surgery |
| 80272 | Endocrinology - Minor Surgery | 80159 | Otolaryngology – No Elective Plastic |
| 80420 | Family/General Practice - No Surgery/OB | 80155 | Otolaryngology – With Elective Plastic |
| 80117 | Family/General Practice (With OB) | 80266 | Pathology |
| 80421 | Family/General Practice - Minor Surgery/ No OB | 80267 | Pediatrics – No Surgery |
| 80240 | Forensic/Legal Medicine | 80235 | Physical Medicine/Rehabilitation |
| 80274 | Gastroenterology - Minor Surgery | 80156 | Plastic Surgery |
| 80143 | General Surgery | PGY-1 | Post-Graduate Year-1 |
| 80243 | Geriatrics | 80249 | Psychiatry |
| 80277 | Gynecology - Minor Surgery | 80236 | Public Health |
| 80167 | Gynecology – Surgery | 80269 | Pulmonary Medicine |
| 80169 | Hand Surgery | 80280 | Radiation/Oncology |
| 80278 | Hematology/Oncology | 80252 | Rheumatology |
| 80222 | Hospitalist | 80144 | Thoracic Surgery |
| 80279 | Infectious Disease | 80171 | Trauma Surgery |
| 80283 | Intensive Care Medicine | 80145 | Urology – No Implants |
| 80284 | Internal Medicine – Invasive Procedures | 80146 | Vascular Surgery |
| 80257 | Internal Medicine – No Surgery |  |  |