Master Index

Northland INSURANCE

APPLICATION - PROFESSIONAL LIABILITY

1. First Named Insured _____
   (The first Named Insured is responsible for premium payment, cancellation, and changes - refer to policy wording.)
2. Other Insured(s) _____
3. Mailing Address _____
   Street City County State ZIP Code
4. Effective Date Desired _____ Term Desired _____

5.

PRIOR INSURANCE CARRIER AND LOSS HISTORY FOR THE PAST THREE YEARS					
Year	**Carrier/Policy Number/Premium**	**Coverage**	**Losses**	**Amount**	**Description of Losses** (Use separate sheet if necessary)

Missouri Applicants: **DO NOT** answer this question.
Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?
❒ No ❒ Yes - If so, give name of company, date, and reason.

*Include all losses regardless of whether or not insurance applies.

6. Business of Named Insured _____
7. Complete description of risk _____
   _____
   _____
8. Years in Business _____ Years of Experience _____
9. Applicant is: ❒ Individual ❒ Partnership ❒ Corporation ❒ Limited Liability Company
   ❒ Trust ❒ Other _____
10. Location of premises: ❒ Same as mailing address
    ❒ Other _____
11. Interest of Named Insured in premises: ❒ Owner ❒ General Lessee ❒ Tenant ❒ Other _____
12. Part occupied by Named Insured: ❒ Entire ❒ Portion (_____%) ❑ None (Lessor's Risk Only)

13. **LIMITS**
    Aggregate $_____
    Each Occurrence $_____

UNDERWRITING INFORMATION

14. Describe any bodily contact with clients _____
    _____
15. Advise the following: Annual Payroll _____ Number of Outpatient Visits _____
    Annual Receipts _____ Number of Beds _____
    Other _____
16. Applicant graduated from _____
17. List and describe all degrees Applicant has received _____

18. Number of Part Time employees _____
    Functions _____
    _____
    Degrees/Certifications held _____
19. Number of Full Time employees _____
    Functions _____
    _____
    Degrees/Certifications held _____
20. State and degree/certification achieved involving occupation _____
    _____
21. Indicate any special licenses or certificates required by any federal, state, or local municipality.
    _____
    _

		Yes	No
22.	Are applicant, partners, and employees currently licensed?	❒	❒
23.	Has your license ever been revoked or suspended?	❒	❒
24.	Has any employee ever been convicted for an act committed in violation of any law or ordinance?	❒	❒
25.	Are you self-employed?	❒	❒
	If no, name of employer. _____		
26.	Have any claims or suits for Professional Liability been made against applicant?	❒	❒

Explain all YES answers: _____
_____
_____

27. Indicate any professional organization membership(s) _____
    _____

Additional Information _____
_____
_____

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.

_____

Signature of Applicant | Title | Date

_____

Signature of Producing Agent | Date

_____

Agent Name and Address