

Galen Insurance Company

7165 Delmar Boulevard Suite 215
St. Louis, Missouri 63130-4320
Telephone: (314) 721-2366
Fax: (314) 721-2377

APPLICATION FOR RENEWAL OF MEDICAL FACILITY LIABILITY INSURANCE

Facility Name: _____

Policy Number _____ Telephone Number _____

Address: _____
(Street)

(City)

(County)

(State)

(Zip)

1. Have there been changes in the legal structure of the Facility, or its ownership, since the original application?
Yes__ No__

If yes, please describe the changes on a separate sheet.

2. Have the types of medical procedures performed at the Facility changed since the original application?
Yes__ No__

If yes, please describe the changes on a separate sheet.

3. Does the Facility advertise its services in any manner (other than a simple listing in a telephone directory)?
Yes__ No__

If yes, please attach a copy of all of the advertisements for past year.

4. Please list each employee, independent contractor, and volunteer working at the Facility and attach certificates of liability insurance for each person. If a staff member does not have insurance, state that.

5. Has the Facility been the subject of disciplinary or investigatory proceedings by a governmental or an administrative agency, hospital, or professional association?
Yes__ No__

If yes, give details on a separate sheet.

6. Please provide number of outpatient visits/procedures by medical specialty, e.g. gynecology, gastroenterology, orthopedics etc.

# of Visits or Procedures & Speciality	Last 12 Months	Next 12 Months (anticipated)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
Total # of Visits/Procedures	_____	_____

7. Has any claim or suit been brought against the Facility or any of its employees in the past year? Yes__ No__

If yes, a claim information report must be completed for each claim or suit.

8. Is the management of the Facility aware of any circumstances which may result in a malpractice claim or suit being made or brought against it or any of its employees? Yes__ No__

If yes, please give details on separate sheet.

The insurance applied for provides "CLAIMS-MADE" coverage only for CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD unless an extended reporting period option is chosen in accordance with the terms of the policy.

WARRANTY: The undersigned, acting on behalf of the Facility (Applicant), understands and accepts the claims-made nature the policy applied for and warrants to Galen Insurance Company that the information contained herein is true and complete and that it shall be the basis of the policy of insurance sought and deemed incorporated therein, should the Company accept this application and issue a policy. I authorize the release of claim information from any prior insurer to Galen Insurance Company.

Name of Facility/Applicant

Date

Signature of Facility's Duly Authorized Representative

Title of Signer (officer, partner, etc.)

SIGNING this application does not bind the Facility or the Insurer to complete the purchase/sale of the insurance, but one copy of this application will be attached to the policy if a policy is issued.