

THIS DOCUMENT IS NOT A BINDER OR ACCEPTANCE OF INSURANCE. Completion of this form, with or without payment of premium, does not bind the Galen Insurance Company ("Company") to issue insurance.

Please answer all questions fully and completely. If the applicant does not have enough space to provide a complete answer, please attach separate page(s) identifying the question number and providing the additional information necessary for a complete answer. PLEASE TYPE OR PRINT LEGIBLY. All questions must be answered. For questions that do not apply to the practice situation, please write "N/A" in the answer space provided. All questions should be answered based on the knowledge of, and information known to, the applicant. If additional forms are required or if a question arises about the application process, please call the Company at: 314-721-2366.

1. Applicant Name: _____
2. Policyholder Name: _____
3. Date of Birth: _____
4. Social Security Number: _____
5. Please give the approximate percentages of your practice dedicated to the following specialties. Where applicable, please indicate the percentage split between general and local anesthesia.

<u>Specialty:</u>	<u>Total Percentage:</u>	<u>General Anesthesia:</u>	<u>Local Anesthesia:</u>
Pediatric	_____ %	_____ %	_____ %
OB	_____ %	_____ %	_____ %
Vascular	_____ %	_____ %	_____ %
Open Heart	_____ %	_____ %	_____ %
Intensive Care	_____ %	_____ %	_____ %
Neurology	_____ %	_____ %	_____ %
Blocks/Epidurals	_____ %	_____ %	_____ %
Other: _____	_____ %	_____ %	_____ %
Other: _____	_____ %	_____ %	_____ %

6. Do you practice in a surgi-center or other non-hospital facility where general anesthesia is administered? Yes No
 If yes, please provide details: _____
 Is an emergency equipment cart available at such center or facility? Yes No
7. Do you limit your practice to anesthesiology? Yes No
 If no, specify your other specialty and provide details of your practice in that specialty: _____

8. What is your average weekly and annual patient load? _____ Weekly Average _____ Annual Average
9. What is your average weekly number of hours practicing? _____ Weekly Average
10. Do you perform any acupuncture anesthesia? Yes No
 If yes, please provide details (location and type of procedures): _____
11. During the administration of all anesthesia at each hospital or location where you work, is arterial blood pressure determined, evaluated and recorded at least every five minutes? Yes No
 If no, please provide details (location and type of procedures): _____
12. During the administration of all anesthesia at each hospital or location where you work, is heart rate determined by heart precordial or similar monitoring device, evaluated and recorded every five minutes? Yes No
13. During the administration of all anesthesia at each hospital or location where you work, do you always use an oxygen analyzer when indicated? Yes No
 If no, please provide details (location and type of procedures): _____
14. During the administration of all anesthesia at each hospital or location where you work, do you use a pulse oximeter monitor? Yes No
 If no, please explain: _____

15. During the administration of all anesthesia at each hospital or location where you work, is an electrocardiogram continuously displayed? Yes No
 If no, please explain:_____
16. During the administration of all anesthesia at each hospital or location where you work, do you always use a device for continuous body temperature readings when indicated? Yes No
 If no, please provide details (location and type of procedures):_____
17. During the administration of all anesthesia at each hospital or location where you work, please explain how circulatory function is evaluated:_____
18. During the administration of all anesthesia at each hospital or location where you work, do you use an end tidal CO2 monitor? Yes No
 If no, please explain:_____
19. During the administration of all anesthesia at each hospital or location where you work, do you use an oxygen analyzer with a low concentration limit alarm? Yes No
 If no, please explain:_____
20. During the administration of all anesthesia at each hospital or location where you work, do you test the proper functioning of the alarm prior to each use? Yes No
 If no, please explain:_____
21. During the administration of all anesthesia at each hospital or location where you work when ventilation is controlled by a mechanical ventilator, do you use a device equipped with a full set of safety alarms? Yes No
 If no, please explain:_____
22. During the administration of all anesthesia at each hospital or location where you work when ventilation is controlled by a mechanical ventilator, do you use the test proper functioning of the ventilator alarms prior to each use? Yes No
 If no, please explain:_____
23. During the administration of all anesthesia at each hospital or location where you work, is all equipment on a regular maintenance schedule? Yes No
 If no, please explain:_____
- Date of most recent routine maintenance performed on anesthesia equipment:_____
- Who performed maintenance?_____
- Training and credentials of that person:_____
24. Are you or qualified personnel present in the operating room throughout the conduct of all general anesthetics, regional anesthetics, and monitored anesthesia, according to ASA standards? Yes No
 If no, please explain:_____
25. List number and type of professionals that you supervise who are employed by you or your employer (if none, state "none"):
 ___ Physicians (other than yourself) ___ Nurse Anesthetists ___ Other (describe):_____
26. Are all of the above individuals licensed in accordance with applicable state and federal regulations? Yes No
 If no, please explain:_____
27. List number and type of professionals that you supervise who are not employees (if none, state "none"):
 ___ Physicians (other than yourself) ___ Nurse Anesthetists ___ Other (describe):_____
28. While supervising the individuals identified in Questions 25 and 27, are you always on the premises where the anesthesia is administered? Yes No
29. While supervising the individuals identified in Questions 25 and 27, are you always in the surgical suite or operating room where the anesthesia is administered? Yes No

The undersigned applicant hereby represents to Galen Insurance Company (the "Company") that all statements and explanations contained in this supplemental application and all attachments are true, complete and accurate, and that the applicant has not withheld any information that is reasonably likely to influence the judgment of the Company in considering this supplemental application for professional liability insurance. The applicant agrees to notify the Company of any change in the information contained in this supplemental application or any attachment if the change occurs while this supplemental application is under review or after coverage begins, if a policy is issued. The applicant further agrees to be bound by, and subject to, the underwriting guidelines, policies and procedures of the Company.

I understand this information becomes a part of my application for professional liability insurance.

Signature of Physician: _____ Date _____

Print Name: _____

An underwriter may contact you for further information or clarification.