CPH & ASSOCIATES

PHILADELPHIA INSURANCE COMPANIES
A Member of the Tokio Marine Group

APPLICATION FOR INDIVIDUAL NURSE PRACTITIONERS

***Non-OB/GYN Specialties Only.**

Section 1: Applicant Information	For office use only: Approved_____
Name:	Residence Phone:
Attn/Address 2:	Business Phone:
Street:	
City: State: Zip:	Email:

Limits of Liability: $1 Million *occurrence*/$6 Million *aggregate*

***Self-employed (1099) categories include any number of hours as a W-2 employee.**

***I UNDERSTAND THAT I AM NOT COVERED BY THIS POLICY IF I SPECIALIZE IN OB/GYN SERVICES OR AM A NURSE ANESTHETIST OR CERTIFIED NURSE MIDWIFE.**

Section 2: Professional Liability Rates (Non-OB/GYN Only)	***Class A***		***Class B***		***Class C***	
STATE OF PRACTICE	**Adult / Geriatric / Family Planning / Women's Health / Adult Oncology**		**Psychiatric**		**Pediatric / Neonatal / Family Practice / Acute Critical Care**	
***COVERAGE IS NOT AVAILABLE IN FLORIDA AT THIS TIME**	**Employed only**	**Self Employed**	**Employed Only**	**Self Employed**	**Employed Only**	**Self Employed**
NY	☐ $428	☐ $428	☐ $606	☐ $606	☐ $783	☐ $783
TX	☐ $1,255	☐ $1,628	☐ $1,779	☐ $2,307	☐ $2,298	☐ $2,978
All Other States (excluding FL)	☐ $742	☐ $912	☐ $1,049	☐ $1,290	☐ $1,356	☐ $1,666

Section 3: State Licensing Board Increase (Optional)

Your policy includes **$35,000** for defense of a **State Licensing Board Investigation**. Now you have the option to **increase this coverage** as follows:

☐ Increase my limit to $75,000: $75.00 additional premium

☐ Increase my limit to $100,000: $100.00 additional premium

Section 4: Additional Insureds (Optional)

To add additional insureds**, please provide their name and mailing address on a separate sheet**. If adding a landlord, also provide the physical address of the premises being leased.

Add the following to your professional liability premium (from Section 2):

- **Landlord** (you must have a written lease naming them as Lessor): **0% of professional liability**
  * Limited to 1 Lessor per office location.
- **All Others** (please indicate the nature of your professional relationship (e.g. agencies, employers, supervisors, property managers, etc.):
  Add 10% of professional liability

Section 5: CPH TOP Coverage (Optional) Add General Liability and Business Personal Property Coverage to your policy

The CPH TOP® Provides General Liability "Slip and Fall Coverage" and Business Personal Property Coverage Protection.
General Liability Coverage includes **$1 Million/$3 Million limits** for Bodily Injury and Property Damage Liability.
Business Personal Property Coverage provides **up to $15,000** for property that is in your care, custody, or control.

a. **I would like to ADD the CPH TOP® (Includes General Liability AND Property Coverage)** ☐ Yes ☐ No
At the additional premium of **$332** (+ $60 for each additional location)

-- **OR** --

b. **I would like to ADD ONLY General Liability Coverage** ☐ Yes ☐ No
At the additional premium of $182 ($60 for each additional location)

c. ***(If a or b is yes)*, have you had any General Liability losses within the last 3 years?** ☐ Yes** ☐ No
If yes, please provide an explanation on a **separate sheet of paper

d. ***(If a or b is yes)*, provide full street addresses for each location to be covered.**
Please use a separate sheet of paper for more than 2.

Location 1:	**Location 2:**

Section 6: Qualification Questions

1. Do you practice any of the following specialties: Cosmetics, Aesthetics, or OB/GYN?	☐Yes ☐No
2. Within the past 12 months, has any claim or suit been brought against you for alleged malpractice or professional liability, or are you aware of any incident or existing circumstances that might reasonably lead to a claim or suit?	☐Yes ☐No
3. Within the past 12 months, have you been convicted of a misdemeanor or felony?	☐Yes ☐No
4. Within the past 12 months, have you had your license, certification or registration suspended, revoked, or placed on probation by a licensing board, board of examiners, or any other governmental entity that regulates your profession? Have you ever received a citation or paid a fine as a result of a board proceeding? Have you ever surrendered, either voluntarily or otherwise, your license, certification, or registration?	☐Yes ☐No
5. Within the past 12 months, have you been accused of sexual misconduct or any professional impropriety?	☐Yes ☐No
6. Within the past 12 months, have any complaints been filed against you, or have there been any formal or informal investigations or inquiries opened with a peer review committee or an ethics committee of a professional association, hospital, health care facility, licensing board, or any other governmental or private entity?	☐Yes ☐No
7. Do you know of any reason why you cannot comply with the legal, ethical, or professional standards set by law, by regulation, by a peer review committee or by an applicable code of ethics in any jurisdiction where you provide services?	☐Yes ☐No

*****If your answer to any of the questions is "Yes", please provide a detailed explanation on a separate sheet and any pertaining documentation from a licensing board, ethics committee, professional association, or health care facility (i.e. complaint, dismissal letter, consent agreement or pertinent court documentation).*****

Section 7: Discounts

Discounts are available for nurse professionals who fit the descriptions below:

Exclusions: You do NOT qualify for discounts if you meet any of the following criteria:

- **You do not qualify for any Newly-Licensed discounts if you have held a previous license or certification and/or if you have possessed the credentials (required by your state) to practice unsupervised for more than 24 months, your state does not require licensure to practice unsupervised, or your state has just recently passed licensure laws where licensure was not previously available or required.**

Risk Management: Within the past 24 months, have you completed at least the minimum number of Continuing Education Units (CEU's) in law and/or ethics that are required by your state for licensing renewal? ***If "Yes", take 10% off your Professional Liability premium is Section 9**	☐Yes ☐No
Newly-Licensed First Year: Have you been state-licensed or certified for the first time within the past 12 months? ***If "Yes", take 50% off your Professional Liability premium is Section 9.**	☐Yes ☐No
Newly-Licensed Second Year: Have you been state-licensed or certified for the first time within the past 24 months? ***If "Yes", take 25% off your Professional Liability premium is Section 9.**	☐Yes ☐No

Section 8: Total Your Annual Premium

1.	Enter your Professional Liability Premium (from Section 2)	$
2.	Subtract discounts (from Section 7) **if you qualify***	--$
3.	Enter your State Licensing Board Coverage Increase premium (from Section 3), **if applicable**	$
4.	Enter your Additional Insured Total (from Section 4), **if applicable**	$
5.	Enter your CPH TOP total (from Section 5), **if applicable**	$
6.	**SUBTOTAL (Lines 1-5)**	$
7.	Add tax for KY, WV, or LA residents**	$
8.	Add Administrative fee (Required)***:	$ 5.00
	Total Annual Premium:	**$**

***You cannot claim more than one newly-licensed discount at any given time, and you may not claim the same newly-licensed discount more than once.**

****If you are a Kentucky, Louisiana, or West Virginia resident, you are required to include state taxes on the *SUBTOTAL* amount. For Louisiana, multiply your subtotal by .048; for West Virginia, multiply your subtotal by .0055; and add the result to your total. For Kentucky, please call us at 800-875-1911 for your state and local taxes**

*****Administrative Fee (Allied Healthcare Providers Association Risk Purchasing Group Fee) is implemented to ease the rising expenses of administration services and technology improvements and enable us to continue to offer our insureds the services they have come to expect from CPH and Associates.**

Payment: Submit and Send

Mail with Check or Money Order to:

CPH & Associates
711 S. Dearborn St., Suite 205
Chicago, IL 60605

Office Hours:

Monday - Friday: 8:30 am to 5:00 pm Central Time
Phone: 312-987-9823 or 800-875-1911
Fax: 312-987-0902 Email: applications@cphins.com

www.cphins.com

PLEASE SIGN AND DATE THE CONFIRMATION ON PAGE 3

Confirm: Please Read, Sign & Date Below

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.
***Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company**

FRAUD NOTICE STATEMENTS

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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS ($5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN 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.

APPLICABLE IN FLORIDA AND OKLAHOMA: 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY 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, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR 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.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDLENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN 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 A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN NEW YORK: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATOIN 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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

_____	_____
INSURED NAME (PLEASE PRINT/TYPE)	TITLE
_____	_____ _____
INSURED SIGNATURE	DATE DESIRED POLICY EFFECTIVE DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER: **CPH & Associates**
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY: **CPH & Associates**

PRODUCER LICENSE NUMBER: **19193**
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS: **711 S. Dearborn St., Suite 205, Chicago, IL 60605**