

NURSE'S PROFESSIONAL LIABILITY APPLICATION

1. Name _____
2. Address _____
City _____ State _____ Zip Code _____
3. Licensed/Authorized as: Student Nurse; Nurse Practitioner
 Licensed Practical/Vocational Nurse; Registered Nurse;
 Nurse Anesthetist; Other, describe _____
4. How many years have you been practicing? _____
5. In which branch of your profession do you specialize? _____
6. Name, address and type of operation of employer: _____
7. Is your employer/employment by or through a registry or temporary employment agency?
 Yes No
8. Do you provide professional service other than as an employee of the above? _____
If so, please describe. _____
9. Does your employer carry Professional Liability Insurance? Yes No Don't know
10. If your employer does carry Professional Liability Insurance, are you covered as an additional insured under your employer's policy? Yes No Don't know
11. Do you supervise the professional services of any other professionals? If yes, indicate how many supervised? Fully describe your supervisory responsibilities. _____
12. Of what professional associations or societies is applicant a member in good standing? _____
13. Do you administer or assist in the administration of General Anesthesia or Intravenous Sedatives?
 Yes No
14. Unless otherwise noted hereunder, the following are true statements regarding the applicant:
 - a) Applicant is not licensed or authorized to provide any other professional services except as stated in this application;
 - b) Applicant is not a principal with any partnership, association or corporation;
 - c) Applicant is not a proprietor, superintendent, officer, director, stockholder or member of the board of directors, trustees or governors of any business enterprise which provides healthcare services;
 - d) Applicant has never had his/her license or certification revoked or suspended, nor been the subject of any disciplinary proceeding, nor been reprimanded by an administrative agency, professional association or peer committee;
 - e) Applicant has never had a claim or suit brought against him/her because of any alleged malpractice, error or mistake arising out of his/her professional services, and applicant is not aware of any circumstances which might result in such a claim or suit.

EXCEPTIONS, if any to above (absence of entry means "no exceptions"): _____

I am licensed or duly authorized in all states or jurisdictions where I provide Professional services, and I DO HEREBY WARRANT the truth of my answers to the above questions, and that I have not withheld any information which is calculated to influence the judgment of the Company in considering this application for insurance.

Date

nurse.app

Signature of Applicant