

**NATIONAL UNION FIRE INSURANCE COMPANY OF  
PITTSBURGH, PA.**

**The APA-endorsed Psychiatrists' Professional Liability Insurance Program  
Renewal Application**

**INSTRUCTIONS:**

- ✓ Carefully review and answer each of the following questions.
- ✓ If you answer "YES" to any question, please provide a detailed written explanation and attach copies of all pertinent official documentation.
- ✓ Please return this form along with your premium payment in the enclosed return envelope.

➤ Since you first applied for coverage or last renewed your coverage (whichever is later):

- Yes  No Has your license to practice medicine been revoked, suspended, voluntarily surrendered or not renewed, reprimanded, fined, or subjected to probationary terms?
- Yes  No Has your license to prescribe controlled substances been revoked, suspended, voluntarily surrendered or not renewed, reprimanded, fined, or subjected to probationary terms?
- Yes  No Have you been diagnosed with any physical or mental condition that impairs your ability to practice medicine?
- Yes  No Have you ever experienced any dependency upon alcohol, narcotics, or other drugs?
- Yes  No Has your application (new or renewal) for hospital privileges been denied, suspended, or accepted subject to conditions and restrictions?
- Yes  No Have you been the subject of an investigation or disciplinary proceedings by any governmental agency (e.g., State Medical Board, DEA, HHS), professional society (e.g., APA or its District Branches) or a professional review board of a hospital, HMO, PPO, or IPA? Or, are you aware of any incident that could lead to such action? (Please provide updated information for any previously reported incidences.)
- Yes  No Have you been charged with, convicted of, or pleaded guilty or no contest to a felony?
- Yes  No Have you ever been, or are you currently, either sexually, romantically, or socially involved with any current, or former, patient or with a family member of a patient?
- Yes  No Have you ever had a settlement or judgment alleging undue familiarity, professional misconduct, or assault in connection with undue familiarity?
- Yes  No Have you reported any malpractice claims or incidents to any carrier **other than** the APA-endorsed Professional Liability Insurance Program in the past seven years?
- Yes  No Are you aware of any incidents, occurrences, accidents, conduct, or circumstances that are likely to give rise to a claim or suit known to you or which should have been known to you on the date of this application?
- Yes  No Do you communicate with patients via e-mail? Please explain nature of communications in detail.
- Yes  No Do you have a website, or are you affiliated with a website?

**Website address:** \_\_\_\_\_

Professional Risk Management Services, Inc.  
1515 Wilson Blvd., Suite 800  
Arlington, VA 22209

## DECLARATIONS

Please read the following declarations carefully. All questionnaires must be signed and dated.

I hereby represent that all statements and answers on this questionnaire and any additional information attached are full, complete and true to the best of my knowledge and that insurance will be issued in reliance upon such statements and answers. I also understand that the information I have provided will be used to determine the scope of my coverage and the premiums I will pay for this coverage.

I authorize any hospital, government agency, business, partnership, professional corporation, professional association or organization, or any individual person that may have any knowledge of the information I have provided on this application and attachments to convey such knowledge to the APA – endorsed Professional Liability Insurance Program (“PLIP”). A photocopy of this authorization will be sufficient for this purpose. I agree to notify the PLIP in writing within 30 days of any changes in my practice as shown on this application and any attachments. I further agree to be bound by the terms and conditions set forth in the insurance policies issued to the PLIP.

I authorize the Psychiatrists’ Purchasing Group, Inc. (“PPG”) to act on my behalf with respect to the procurement of the insurance coverage provided pursuant to the PLIP and to take such steps with respect to the acceptance and/or declination of available coverages as the PPG in its discretion shall deem to be in the best interests of the PLIP. I understand and agree that any material misrepresentation or omission by me in this application and attachments may act to void my coverage and may give the PLIP a right to rescind such coverage.

I further acknowledge and understand that all Members of the PLIP also have access to consultation on issues related to malpractice exposure. This service is provided as a risk management measure by the Program with no additional expense to the Member.

**NOTICE TO APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION 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 ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ARKANSAS AND NEW MEXICO APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO COLORADO APPLICANTS:** 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 AUTHORITIES

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF

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DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS:** 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 THE THIRD DEGREE.

**NOTICE TO KENTUCKY APPLICANTS:** 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.

**NOTICE TO LOUISIANA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MAINE APPLICANTS:** 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.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION 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 ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

**NOTICE TO PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING,

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INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

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Physician's Personal Signature

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Date

*APA-endorsed Professional Liability Insurance Program Administered By:*  
Professional Risk Management Services, Inc.  
(in California, d/b/a Cal-Psych Insurance Agency, Inc.)

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