

CONEXCO INSURANCE AGENCY

114 Turnpike Road, Suite 109
Westborough, MA 01581
508-616-0016 Fax 508-616-0066
Wats 1-800-888-7830



CONNECTICUT UNDERWRITERS, INC.

CT Wats 1-800-982-3881
Outside CT Wats 1-800-243-3712
860-347-9600 Fax 860-347-9611
421 Wadsworth Street, P.O. Box 2784
Middletown, CT 06457



NEW HAMPSHIRE UNDERWRITERS INSURANCE AGENCY

150 Griffin Road, Suite #4
Portsmouth, NH 03801-7131
Wats 1-800-562-2254
603-427-0905 Fax 603-427-6977



APPLICATION FOR NURSE PRACTITIONER MALPRACTICE POLICY

1. Name of Applicant _____
2. Street _____
3. City State, Zip _____
4. Will this policy be New Renewal
5. Expiring Certificate # _____
6. a. Are you a Nurse Midwife? Yes No
b. Are you a Nurse Anesthetist? Yes No
(If you checked Yes to 6a or 6b you are not eligible for this program.)
7. In what category of nursing do you specialize? _____
8. Has applicant's license ever been suspended, is currently being reviewed, placed on probation or revoked: Yes No
9. Has applicant ever been refused, cancelled or non-renewed for Malpractice Insurance? Yes No
If yes, state dates & reason. _____

10. Has applicant ever had a claim made or suit brought against him/her or is applicant aware of any incident that might reasonably lead to a claim or suit? Yes No
If yes, give a full detailed description.

11. Effective date coverage desired. _____
12. Does your employer have Medical Malpractice insurance?
 Yes No If No, please explain why _____
13. What is your employers Medical Malpractice Insurance policy limits? _____

Please mark (X) the SPECIALTY GROUP which most accurately describes how the applicant works the majority of the time. Circle the limits and rates desired.

	100K/300k	200K/600K	500K/1M	1M/6M	2M/4M
EMPLOYED ADVANCED PRACTICE NURSES*					
Obstetrical <input type="checkbox"/> (Full Time/Part Time)	\$926	\$981	\$1147	\$1382	\$1617
Psychiatric <input type="checkbox"/> (Full Time)	\$579	\$613	\$717	\$864	\$1011
(Part Time)	\$290	\$307	\$359	\$432	\$506
Pediatric <input type="checkbox"/> , Family Practice <input type="checkbox"/> (Full Time)	\$752	\$796	\$932	\$1123	\$1314
School <input type="checkbox"/> , Maternal/Child <input type="checkbox"/> (Part Time)	\$376	\$399	\$466	\$562	\$657
Medical/Surgical <input type="checkbox"/> , Neonatology <input type="checkbox"/>					
Community Health Care <input type="checkbox"/>					
All Other (Full Time)	\$405	\$430	\$502	\$605	\$708
Adult <input type="checkbox"/> Geriatric <input type="checkbox"/> Family Planning <input type="checkbox"/> (Part Time)	\$203	\$215	\$251	\$303	\$354
Women's Health Care <input type="checkbox"/>					
Oncology <input type="checkbox"/> Critical Care <input type="checkbox"/>					

	100K/300k	200K/600K	500K/1M	1M/6M	2M/4M
SELF-EMPLOYED ADVANCED PRACTICE NURSES* /RETIRED ADVANCED PRACTICE NURSES					
Obstetrical <input type="checkbox"/> (Full Time/Part Time)	\$1111	\$1177	\$1376	\$1658	\$1940
Psychiatric <input type="checkbox"/> (Full Time)	\$695	\$736	\$860	\$1037	\$1213
(Part Time)	\$348	\$368	\$431	\$518	\$607
Pediatric/Family Practice <input type="checkbox"/> (Full Time)	\$902	\$955	\$1118	\$1348	\$1577
School <input type="checkbox"/> , Maternal/Child <input type="checkbox"/> (Part Time)	\$451	\$479	\$559	\$674	\$788
Medical/Surgical <input type="checkbox"/> , Neonatology <input type="checkbox"/>					
Community Health Care <input type="checkbox"/>					
All Other (FullTime)	\$486	\$516	\$602	\$726	\$850
Adult <input type="checkbox"/> Geriatric <input type="checkbox"/> (Part Time)	\$244	\$258	\$301	\$364	\$425
Family Planning <input type="checkbox"/> Women's Health Care <input type="checkbox"/>					
Oncology <input type="checkbox"/> Critical Care <input type="checkbox"/>					

NOTE: Part Time is defined as professionals working 20 hours or less per week. Employed First Year Nursing Graduates, LPN's, LVN's, Aides, Assistants, Registered Nurses and Obstetrical Advanced Practice Nurses are not eligible for the part-time discount.

*Includes Clinical Nurse Specialists getting referrals from a Physician or Psychologist, for instance, who has already diagnosed the physical or mental illness and is instructing the CNS to develop and implement a treatment plan (i.e., CNS with medical diagnostic and/or prescriptive authority).

I understand that I am not covered by this Insurance if I am any of the following: Physician, Surgeon, Dentist, Nurse Anesthetist, Nurse Midwife, Sonographer, Surgeon/Physician's Assistant, Cytotechnologist, Perfusionist, Electroneurodiagnostic Technologist, Radiation Therapist, Social Worker, Psychologist, Emergency Medical Technician or Babysitter. I understand that these professional occupations are excluded from this coverage. I understand that I am not covered for the administration of anesthetics or radiation therapy.

In order to enhance the stability of the program, our Nurses Medical Professional Liability Program has been organized as a purchasing group, located and domiciled in Illinois, pursuant to legislation enacted by Congress known as the Federal Liability Risk Retention Act. Coverage will be provided to the Purchasing Group by the Chicago Insurance Company, a member of Interstate National Corporation, one of the Fireman's Fund Ins. Companies. Once a completed application has been approved and the premium has been received it will entitle you to immediate membership in the National Nurses Purchasing Group Association and the insurance coverage obtained through the Group Policy on an annual term.

The insurance described herein is subject to all the terms, conditions and exclusions of the insurance certificate. THE APPLICANT DECLARES that the information contained in the application is true and that no material facts have been suppressed or misstated. THE APPLICANT UNDERSTANDS that incorrect or incomplete information could void their protection.

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The completion of this application or the tendering of premium does not bind coverage. The application is subject to the Company's Underwriting Rules.

I understand that Products Liability Insurance is not a covered item under this contract.

Applicant's Signature _____ Date _____

NOTE: All policies new and renewal are to be prepaid. Endorsement change requests will be noted in our files until renewal.

Producer's Name _____

Address _____

Applicable to CT, MA and NH.

"A \$45 administrative fee for placement of coverage will be charged by CT Underwriters in addition to the above rates and this is agreed to and acknowledged by the applicant."