

PMC HYGIENIST PROFESSIONAL LIABILITY APPLICATION

PMC INSURANCE SOLUTIONS
ALGONA, IOWA 50511-0370

INDIVIDUAL HYGIENIST INFORMATION All areas should be completed - mark **N/A** if not applicable.

APPLICANT:		PHONE:
MAILING ADDRESS: <small>(include Street, City, State, & Zip Code)</small>		PREFERRED CONTACT METHOD: <input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL
DOB:	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	EMAIL:
PAYMENT PLAN:	<input type="checkbox"/> EFT MONTHLY <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> TRI-PAY <input type="checkbox"/> QUARTERLY	EXPIRATION DATE:

LIST ALL PROFESSIONAL LIABILITY CARRIERS FOR THE PAST 5 YEARS: (Attach copy of most current Declarations Page)

ANY GAPS IN COVERAGE IN THE PAST 5 YEARS? YES NO IF YES, PLEASE EXPLAIN.

PRACTICE TYPE: FULL-TIME HYGIENIST PART-TIME HYGIENIST FULL-TIME GRAD STUDENT
 FULL-TIME INSTRUCTOR OTHER (describe)

SCHOOL / PROGRAM ATTENDED: GRADUATION YEAR: LICENSE / CERTIFICATION #:

ARE YOU A DENTAL ASSOCIATION MEMBER? YES NO IF YES, NATIONAL STATE

SERVED IN THE US MILITARY IN THE PAST 6 MONTHS? YES NO TYPE OF DISCHARGE: DATE OF DISCHARGE:

COVERAGE

PROFESSIONAL LIABILITY LIMITS: \$ 100,000 / \$300,000 \$ 250,000 / \$750,000
 \$500,000 / \$1,500,000 \$1,000,000 / \$3,000,000

COVERAGE TYPE: **CLAIMS-MADE** RETROACTIVE DATE: _____
The retroactive date is the date first continuously insured under a Claims-Made policy.
 OCCURRENCE (where available) **PRIOR ACTS COVERAGE** (enter Retroactive Date in space above)
I realize that if I switch from a Claims-Made to an Occurrence policy, my failure to purchase an Extended Reporting Endorsement from my current carrier will result in an uninsured exposure for any claims which may arise in the future as a result of professional services rendered while insured by my current carrier's Claims-Made policy. I understand the policy I am purchasing will not provide Prior Acts coverage unless selected above.

COVERAGE AVAILABLE UNDER THE HYGIENIST PROFESSIONAL LIABILITY INSURANCE POLICY INCLUDES HYGIENIST PROFESSIONAL LIABILITY AND THE ADDITIONAL SUPPLEMENTARY PAYMENTS COVERAGE LISTED HERE AND WITHIN THE SPECIFIC POLICY FORMS AND ENDORSEMENTS. THE LIMITS OF LIABILITY FOR THE SUPPLEMENTARY PAYMENTS COVERAGE MAY NOT BE INCREASED UNDER THIS PROGRAM.	SUPPLEMENTARY PAYMENTS	LIMITS
	MEDICAL EXPENSES	\$5,000 Each Patient \$10,000 Each Insured
	ADMINISTRATIVE DISCIPLINARY ACTION	\$25,000 Each Individual Insured
	SEXUAL MISCONDUCT OR PHYSICAL ABUSE DEFENSE EXPENSE	\$25,000 Each Insured
	HIPAA ADMINISTRATIVE ACTION	\$25,000 Each Insured

PRACTICE INFORMATION

DO YOU CONSISTENTLY CONDUCT ORAL CANCER SCREENINGS? YES NO

DO YOU UPDATE PATIENT HEALTH INFORMATION WITH EACH VISIT? YES NO

DO YOU PERFORM ANY NON-DENTAL COSMETIC SERVICES? YES NO IF YES, EXPLAIN.

DO YOU ADMINISTER ANY NON-DENTAL COSMETIC PRODUCTS OR DEVICES, INCLUDING, BUT NOT LIMITED TO, BOTOX, JUVADERM, ETC.? YES NO IF YES, EXPLAIN.

ADDITIONAL INFORMATION

PLEASE LIST ANY ADDITIONAL REQUIRED INFORMATION HERE. IF MORE SPACE IS NEEDED, ATTACH A NEW PAGE.

SIGNATURE

IF ANY OF THE ANSWERS TO THE FOLLOWING QUESTIONS IS "YES", PLEASE EXPLAIN IN THE **ADDITIONAL INFORMATION** SECTION:

1. ARE YOU AWARE OF ANY REGULATORY INVESTIGATION, ADVERSE OUTCOME, UNSATISFIED PATIENT, REQUEST FOR MEDICAL RECORDS, SEXUAL MISCONDUCT, PHYSICAL ABUSE OR UNAUTHORIZED USE OR DISCLOSURE OF PRIVATE DENTAL OR MEDICAL INFORMATION OR ANY OTHER CIRCUMSTANCE WHICH WOULD LEAD A REASONABLE PERSON TO BELIEVE THAT A LAWSUIT, CLAIM OR CHARGE MAY BE MADE AGAINST YOU? YES NO
2. HAVE YOU HAD YOUR LICENSE OR CERTIFICATION IN ANY JURISDICTION DENIED, SUSPENDED, REVOKED OR VOLUNTARILY SURRENDERED? YES NO
3. HAVE YOU EVER BEEN CONVICTED OF A CRIME, OTHER THAN MINOR TRAFFIC OFFENSES? YES NO
4. HAVE YOU HAD YOUR MEMBERSHIP IN ANY DENTAL RELATED PROFESSIONAL ORGANIZATION DENIED, SUSPENDED, REVOKED OR VOLUNTARILY SUSPENDED? YES NO
5. HAVE YOU EVER BEEN SUBJECT TO A GOVERNMENTAL AGENCY, DENTAL OR PROFESSIONAL SOCIETY DISCIPLINARY PROCEEDING RESULTING IN REPRIMAND, CENSURE, SANCTION OR MODIFICATIONS OF THE APPLICABLE PRACTICE, EITHER VOLUNTARY OR INVOLUNTARY, OR CURRENTLY THE SUBJECT OF AN ADMINISTRATIVE PROCEEDING OR REVIEW BY SUCH AGENCY OR SOCIETY? YES NO
6. HAVE YOU EVER HAD HOSPITAL PRIVILEGES DENIED OR RESTRICTED? YES NO
7. HAVE YOU EVER HAD PROFESSIONAL LIABILITY INSURANCE DECLINED, CANCELLED, REFUSED RENEWAL OR ISSUED ON SPECIAL TERMS (E.G., PREMIUM SURCHARGE OR DEDUCTIBLE)? YES NO
(Missouri Applicants – Do not answer this question.)
8. DO YOU HAVE OR HAD ANY ILLNESS OR PHYSICAL DISABILITY THAT IMPAIRS OR COULD IMPAIR ABILITY TO PERFORM DENTAL HYGIENIST SERVICES (E.G., ALCOHOLISM, CONVULSIVE DISORDER, HIV, MENTAL ILLNESS, MULTIPLE SCLEROSIS OR NARCOTIC ADDICTION)? YES NO
9. HAS ANY CLAIM OR SUIT BEEN BROUGHT AGAINST YOU WITHIN THE PAST 5 YEARS? YES NO
10. HAVE YOU CHANGED PRACTICE SETTING IN THE PAST 5 YEARS? YES NO
11. PRACTICED OUT OF STATE ANYTIME IN THE PAST 5 YEARS? YES NO
12. HAVE YOU HAD INVOLVEMENT IN THE DESIGN, MANUFACTURE OR DISTRIBUTION OF ANY DENTAL PRODUCT(S) OR WRITTEN AN INSTRUCTION MANUAL FOR PRODUCTS FOR USE BY DENTISTS? YES NO
The professional liability coverage you are applying for does not provide product liability coverage.

I HAVE COMPLETED THE HYGIENIST PROFESSIONAL LIABILITY APPLICATION AFTER VERIFYING THE ACCURACY OF THE INFORMATION PROVIDED AND I DECLARE AND REPRESENT THAT ALL OF THE INFORMATION PROVIDED IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ALSO ACKNOWLEDGE A CONTINUING OBLIGATION TO REPORT TO THE COMPANY, AS SOON AS PRACTICABLE, ANY MATERIAL CHANGES IN THE REPRESENTATIONS AND STATEMENTS ABOVE, AND IN EACH SUPPLEMENTAL APPLICATION, THAT I BECOME AWARE OF AFTER SIGNING THE APPLICATION. (I ALSO UNDERSTAND THAT ANY MATERIAL MISREPRESENTATION OR OMISSION MADE BY ME ON THIS APPLICATION MAY ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY WITH THE RIGHT TO RESCIND IT.)*
*Not Applicable to AK, AZ & GA Applicants

IF A POLICY IS ISSUED BY THE COMPANY, IT WILL BE IN RELIANCE ON THE ACCURACY OF THE INFORMATION PROVIDED IN THIS APPLICATION. IF YOU ACCEPT THE POLICY ISSUED BY THE COMPANY, YOU AGREE THAT THE STATEMENTS IN THIS AND ANY OTHER APPLICATION SUBMITTED TO THE COMPANY ARE TRUE AND CORRECT.

CLAIMS-MADE NOTICE

IF YOU HAVE SELECTED THE CLAIMS-MADE OPTION, THE PROFESSIONAL LIABILITY COVERAGE WILL APPLY ON A "CLAIMS-MADE AND REPORTED BASIS". THE INSURING AGREEMENTS INCLUDE SPECIAL REQUIREMENTS FOR PROVIDING TIMELY, WRITTEN NOTICE TO THE COMPANY. PLEASE READ THE POLICY CAREFULLY.

IF YOU FAIL TO REPORT ANY CLAIM MADE AGAINST YOU DURING YOUR CURRENT POLICY TERM OR FAIL TO REPORT CIRCUMSTANCES WHICH MAY GIVE RISE TO A CLAIM TO YOUR CURRENT INSURANCE COMPANY BEFORE POLICY EXPIRATION, THE CLAIM MAY NOT BE COVERED.

SIGNATURE: _____

PHONE: _____

PRINT NAME: _____

DATE: _____

TITLE: _____

PRODUCER: _____

PLEASE BE ADVISED THAT THE REPRESENTATIONS MADE IN THE APPLICATION ARE INCORPORATED BY REFERENCE INTO THE POLICY IF A POLICY IS ISSUED.

This product is underwritten by ©Pharmacists Mutual Insurance Company.

**FRAUD STATEMENTS**

AGENCY		CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / NAMED INSURED	

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

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 FL and OK

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 (of the third degree)*. *Applies in FL Only.

Applicable in KS

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 commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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 subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S SIGNATURE_____
DATE (MM/DD/YYYY)