



ACOEM General and Professional Liability Program

The ACOEM program provides you with coverage for General and Professional Liability exposures arising out of your services as a healthcare consultant and/or corporate medical director. This program is not designed to replace any medical professional liability policy for the direct patient care and treatment in a private practice setting.

PROGRAM QUALIFICATIONS

- Active member of ACOEM in good standing
- Licensed as an M.D. or D.O. with license in good standing
- No prior general or professional liability claims in last 10 years, unless an exception is granted by underwriters
- No direct patient care in excess of 15% of total services as a corporate medical director
- No prescriptions as a corporate medical director of FDA Schedule I, II, or III drugs
- Primary medical professional liability coverage with limits of \$1M/\$3M or confirmation that there is no direct patient care other than what is expected as a corporate medical director (limited, per above, to 15% of total services)

HOW TO PURCHASE THIS INSURANCE

1. Complete all questions on the ACOEM Application.
2. Sign and date the application. (Application must be signed prior to binding and within 30 days of effective date)
3. Select coverage.
4. Return all of the above to the Program Administrator.



ACOEM General and Professional Liability Application

Section One - Application Information

1. Name of Applicant: _____
(as it should appear on the policy)

Location Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Website: _____ No. of years in practice: _____

Employment Status (please check and complete the relevant section):

Independent Contractor

Names of two largest clients _____

Employee

Name of Employer _____

2. Degree: _____ Specialty: _____

License Number: _____ State: _____

Are you Board Certified? Yes No

If "YES", please indicate specialty and certificate date: _____

3. Is there a written protocol for documenting and referring workers to their primary care provider if health concerns are noticed during routine examinations? N/A Yes No

4. Do you have responsibility to make the final determination as to whether and/or how a program is implemented? N/A Yes No

5. As part of the services for which you are applying for coverage herein, do you prescribe any of the following?

FDA Schedule I Drugs Yes No

FDA Schedule II Drugs Yes No

FDA Schedule III Drugs Yes No

FDA Schedule IV Drugs Yes No

FDA Schedule V Drugs Yes No

Note: If as a corporate medical director you are prescribing FDA Schedule I, II, or Schedule III drugs then coverage cannot be bound per the terms and conditions of this program.



Section Two - Eligibility Questions

1. Are you an active member of ACOEM in good standing? Yes No
ACOEM Membership # _____ Expiration Date: _____
2. Are you licensed as an M.D. or D.O.? Yes No
3. Is your medical license active and in good standing? Yes No
4. Is there any **direct patient care** in excess of 15% of total services as a corporate medical director? Yes No
5. Do you have any employees other than clerical and administrative? Yes No
6. Have you ever been the subject of investigative or disciplinary proceedings or reprimanded by a government agency, hospital, or professional association? Yes No
7. In the last 10 years:
- Has any claim or suit for alleged malpractice been ever brought against you? Yes No
- Has any claim or suit of alleged malpractice been ever brought against you that has not been reported to any current or prior insurance carrier? Yes No
8. Are you aware of any acts, errors, omissions, or circumstances which may result in a malpractice claim or suit being brought against you? Yes No
9. Do you engage sub-contractors to provide services to your clients? If so, describe below. Yes No
10. Do you perform physical examinations to assess or certify ability to operate heavy machinery (e.g., bulldozers, cranes, etc.)? Yes No
11. Do you perform construction or industrial site safety design or inspection? Yes No

If you answered "Yes" to any of questions 5-11, please provide details below. If more space is needed, attach a supplement. Coverage will not be bound without prior underwriter approval.

Details of Questions 5-11



Section Three - Warranty Statements

(Please select the applicable warranty statements below.)

Please check the appropriate box(es):

- I warrant that I do not provide direct patient care. Services that I provide are limited to those of a corporate Medical Director, including Independent Medical Evaluations, Expert Witnessing, Records Review, MRO's and/or Case Management.
- I warrant that I do not provide direct patient care other than what is expected as a corporate medical director and that such medical care will not exceed 15% of my total services as a corporate medical director.
- I warrant that I provide direct patient care in my medical practice which is separate and distinct from my services as a corporate medical director. I understand and accept that the insurance coverage for which I am applying does not extend to, or include, any services related to my medical practice. I agree to maintain a separate medical professional liability policy with minimum limits of \$1,000,000 per claim and \$3,000,000 in the aggregate for all claims arising out of my medical practice.

Section Four - Notice to Applicant

The undersigned warrants and represents that, to the best of his or her knowledge, the statements herein are true and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application. It is represented that the particulars and statements contained in this Application, and any materials submitted (which shall be on file with the Insurer and shall be deemed attached, as if physically attached) are basis for the proposed insurance and are to be considered incorporated into and constituting a part of the proposed insurance.

The Undersigned agrees that in event this Application contains misrepresentations or fails to state facts materially affecting the risk assumed by the Insurer, any insurance issued shall be void in its entirety. The undersigned agrees that if after the date of this Application and prior to issuance of any insurance, any occurrence, event or other circumstance should render any of the information contained in this Application inaccurate or incomplete, the undersigned shall notify the insurer of such occurrence, event or circumstance and shall provide the Insurer with information that would complete, update or correct the information contained in this Application. Any outstanding quotations may be modified or withdrawn at the sole discretion of the Insurer.

The Applicant understands that coverage is offered on a claims made basis for services as a corporate medical director or consultant. This policy is not portable to any other medical services the Applicant may offer on either a commercial or private basis.

The insurer is hereby authorized to make an investigation and inquiry in connection with its Application as it may deem necessary.

Signed: _____ Date: _____

Printed Name: _____



Section Five - Coverage Options

Please check the requested level of coverage.

Tier 1	Tier 2
<input type="checkbox"/> Basic General and Professional Liability ACOEM member performing services: IME's, Expert Witnessing, Corporate Medical Consulting, Records Review, Case Management, and/or primary work as a Corporate Medical Director including writing and establishing Occupational and Environmental Health and Wellness policy as either an IC or an employee. No direct patient care, no developing or implementing of medical protocols, physical exams (except for IME's) or prescribing of medication. <input type="checkbox"/> Contractor <input type="checkbox"/> Employee	<input type="checkbox"/> Special General and Professional Liability Includes all of the services in Option 1, as well as limited medical care, developing or implementing medical protocols, treatment and/or prescriptions (such as prescribing of antibiotics for foreign travel) and work related physicals. Coverage does not include ongoing patient treatment for work related injuries, nor any direct patient care that is outside the corporate setting or outside the scope of your responsibilities as a Corporate Medical Director. Permitted direct patient care does not exceed 15% of total services provided. <input type="checkbox"/> Contractor <input type="checkbox"/> Employee

	Tier 1 Basic General & Professional Liability	Tier 2 Special General & Professional Liability
Limit Per Insured Event and Aggregate	\$1,000,000/\$3,000,000	\$1,000,000/\$3,000,000
Deductible (per claim):	\$2,500	\$2,500
Premium:	\$2,000	\$3,000
State Taxes and Fees	Agency Use Only	Agency Use Only
Policy Issuance Fee*	\$100	\$100
Tax Filing Fee*	\$50	\$50
Total Premium/Tax/Fees	Agency Use Only	Agency Use Only

*Note: Policy Issuance and Filing Fees are non-refundable
 Additional options are available for group practices. Please contact broker for details

Requested Effective Date: _____

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