

Nurse Practitioner without cosmetics



I want Individual Professional Liability Insurance Coverage with limits of up to \$6,000,000 aggregate, up to \$1,000,000 each claim. (10)

PLEASE PRINT CLEARLY AND COMPLETE THE FOLLOWING:

PNM-V2SA2_ _X

Name: _____ Day Telephone #: _____
 Home Address: _____ Night Telephone #: _____
 City: _____ Fax #: _____
 State: _____ Zip code: _____ E-mail: _____

Please answer ALL questions and SIGN and DATE this application. Incomplete applications cannot be processed.

NOTE: THIS APPLICATION IS FOR ALL STATES EXCEPT FOR FLORIDA.. If you are a resident of Florida, please visit www.nso.com for the appropriate application. Coverage is not available for Certified Registered Nurse Anesthetists or Midwives. If you are a self employed Nurse Practitioner who performs cosmetic procedures, please use the Nurse Practitioner performing cosmetics application.

1. Please indicate your classification or certification first by selecting your profession classification, then select your employment status (employed/self employed). *A \$25 Consulting Liability Endorsement is available. See page 2 for details.

Geriatric/Adult/Family Planning (PNM 01)
 Psychiatric-Adult (PNM 02)
 Family Practice/Family Psychiatric (PNM 03)
 Pediatric/Neonatal/Acute Critical Care/School Nurse (PNM 03)
 OB/GYN/Perinatal/Acute Critical Care OB/GYN (PNM 04)
 Consulting Services Endorsement*: add

Employed/Full Time
 Employed/Part Time
 Self Employed/Full Time
 Self Employed/Part Time

1a. Do you provide any cosmetic procedures as a self-employed provider? (if yes, please use cosmetics application) Yes No

1b. If you are employed, please provide the following:

Name of employer: _____ City: _____ State: _____

Please note: *Employed* is defined as providing services on behalf of an entity you do not own, and receiving a W-2 form from your employer. *Self-employed* is defined as providing services as an independent contractor and paying self-employment taxes using a 1099 form. If you are incorporated with or without employees, please call 1-888-288-3534.

2. My primary area of work is (choose one):

Ambulatory Care Facility (01) Nursing Home (08)
 Comm. Health Agency (02) Nursing School (09)
 Doctor's Office/Clinic (03) Prison (10)
 HMO/PPO (04) School (11)
 Home Health (05) Staffing Agency (12)
 Hospice (06) Surgicenter (13)
 Hospital (07) My own premises (14)
 Other (15) _____

My primary area of specialty is (choose one):

Cosmetic Proced.(01)* Emergency Dept. (07) Float Nurse (13)
 Geriatrics (02) Infection Control (08) ICU/CCU/Stepdown (14)
 IV Therapy (03) Medical/Surgical (09) Neonatal (15)
 Neurology (04) OB/GYN (10) Oncology (16)
 Operating Room (05) Orthopedics (11) Outpatient (17)
 Pediatrics (06) Post Anesthesia Room (12) Psychiatric (18)
 Other (19) _____

* If you are self employed and performing cosmetic procedures, please visit, please use cosmetic application.

3. Social Security #: _____ - _____ - _____ Date of Birth: _____ / _____ / _____
MONTH DAY YEAR

4. Requested Effective Date: _____ / _____ / _____ (Must be within 60 days from the date we receive your application. If date indicated is prior to receipt date or if not filled out, the effective date will be the receipt date.)
MONTH DAY YEAR

5. Are you a member of a professional association?..... Yes No Name of Association: _____

6. Have you ever had professional liability insurance declined, canceled or non-renewed for any reason other than for non-payment of premium? (Not applicable for MO residents)..... Yes No

7. Has any claim or lawsuit for malpractice ever been brought against you or are you aware of any incidents that may result in a claim or lawsuit?..... Yes No

8. Within the last 5 years, have you been the subject of complaints, charges, or disciplinary action against you for any reason, by a court, licensing board or regulatory agency responsible for maintaining the standards of your profession?..... Yes No
(If you have answered "yes" to questions 6, 7 or 8, please provide complete details on a separate sheet of paper and attach to application.)

9. Do all physicians with whom you practice or collaborate or to whom you refer patients have professional liability limits equal to or greater than those you are applying for?..... Yes No

Insurance Agent: Michael J. Loughran Iowa License# IA241616; Florida License# A158896

Payment Options:

Enclosed is my check. (Payable to: NSO) Charge my credit card: AMEX Visa MasterCard Discover
Card #: _____ Expiration Date: ____ / ____

*All applicants must add a Healthcare Providers Service Organization Purchasing Group Membership Fee (\$2.00) Residents of NJ and WV must first add a state mandated surcharge to your base premium (NJ: 0.90%, WV: 0.55%). To calculate your total amount due, please add your base premium, state surcharge (if applicable) and membership fee. If you are paying by credit card, your card will be charged as detailed above.

Simple Enrollment



1. Complete both pages.
2. Print your name, sign and date in ink.

3. Send **both pages** of the application. We cannot process if **both pages** are not received.




Continue to next page.

I have answered these questions to the best of my knowledge. I certify that I hold the highest credentials or standards appropriate for the healthcare profession for which I have applied as mandated by my state guidelines. I have not withheld information that would influence the judgment of the Insurance Company. My signing of this application does not bind the Company to complete this insurance. It is agreed that this Application shall be on file with the Company and that it shall be deemed to be attached to and made part of the policy, if issued, as if physically attached to the policy. I hereby represent that the aforementioned statements and answers are correct and complete. I further understand that an incorrect or incomplete statement or answer could void my insurance coverage. This application will be the basis of the contract if a Certificate of Insurance is issued. Once approved, I understand that there is no coverage in force until the premium is paid in full. By signing this application for Nurse Practitioner Professional Liability Insurance, I understand and agree that upon approval of this coverage with NSO, my existing nurse's professional liability policy with NSO (if any) will be upgraded to include Nurse Practitioner Coverage. I understand that a state mandated surcharge will be added to my annual premium if I am a resident of NJ (0.90%) or WV (0.55%).

FRAUD NOTICE - WHERE APPLICABLE UNDER THE LAW OF YOUR STATE

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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties (For District of Columbia residents only: It is a crime to provide false or misleading information to an insurer for the purpose of 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.) (For Florida residents only: 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.) (For Louisiana residents only: 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.) (For Maine residents only: 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.) (For Maryland residents only: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.) (For New York residents only: 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.) (For Oklahoma residents only: 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.) (For Pennsylvania residents only: 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.) (For Tennessee and Washington residents only: Penalties include imprisonment, fines and denial of insurance benefits.) (For Vermont residents only: 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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to civil fines and criminal penalties.)

	Please Print Name _____	
	Applicant Signature X _____	Date: ____ / ____ / ____ MONTH DAY YEAR
This application must be fully completed, signed and dated in ink. We will issue your certificate of insurance upon approval.		
Agent/Broker Information:		
Agency Name: _____	Contact Name: _____	
Address _____	City: _____	State: _____ Zip: _____
Telephone: _____	Fax: _____	Email: _____

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The Consulting Services Liability Endorsement

Are you consulting, teaching or training in addition to providing direct patient care?

This professional liability policy provides coverage if there is an act, error or omission in providing professional services which results in injury. However, economic or financial loss, through your participation in activities such as public speaking or providing expert testimony, typically would not be covered by your professional liability policy. It's a risk you don't have to take. The Consulting Services Liability Endorsement provides coverage for when you use your professional skills and knowledge in settings that do not involve direct treatment of clients. You can add this valuable protection to your new policy for only \$25 a year.

For more information, visit www.nso.com/consult.

COMPENSATION and OTHER DISCLOSURE INFORMATION

Nurses Service Organization (NSO), a registered trade name of Affinity Insurance Services, Inc., exclusively offers the NSO Program as an agent of CNA and provides services that may include the following: program marketing, underwriting, policy management, billing, risk management and client services on its behalf.

Affinity Insurance Services Inc. is an insurance producer licensed in your state. Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction involves one or more of these activities. Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. Such compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In addition, Affinity may charge a fee for administrative services. Your signature on your application, quote form, check, and/or other authorization for payment of your premium, will be deemed to signify your consent to and acceptance of the terms and conditions including the compensation, as disclosed above, that is to be received by Aon. The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and compensation expected to be received based in whole or in part on any alternative quotes presented to the purchaser by the producer, by calling 1-800-247-1500.

In addition, premiums paid by Clients to Affinity for remittance to insurers, Client refunds and claim payments paid to Affinity by insurance companies for remittance to Clients are deposited into fiduciary accounts in accordance with applicable insurance laws until they are due to be paid to the insurance company or Client. Subject to such laws and the applicable insurance company's consent, where required, Affinity will retain the interest or investment income earned while such funds are on deposit in such accounts.

Aon Corporation, our ultimate parent company, and its affiliates have from time to time sponsored and invested in insurance and reinsurance companies. While we generally undertake such activities with a view to creating an orderly flow of capacity for our clients, we also seek an appropriate return on our investment. When they exist, these investments, for which Aon is generally at-risk for potential price loss, typically are small and range from fixed-income to common stock transactions. In such case, the gains or losses we make through our investments could potentially be linked, in part, to the results of treaties or policies transacted with you. Please visit the Aon web site at http://www.aon.com/market_relationships for a current listing of insurance and reinsurance carriers in which Aon Corporation and its affiliates hold any ownership interest.

Contracts and Agreements

Aon Corporation's operating affiliates are parties to numerous agreements with many insurance and reinsurance companies, including companies from which our clients have purchased insurance or reinsurance. Please visit http://www.aon.com/market_relationships for more detail on these agreements.