

Medical Professional Liability Insurance
Physician Renewal Application



ProAssurance Indemnity Company, Inc. • PO Box 150 • Okemos, MI 48805-0150 • 800.282.6242 • Fax 608.828.1100

Named Insured: _____ Policy #: _____ Expiration Date: _____

Address: _____

It is time to begin the process of gathering information for the renewal of your professional liability insurance. **Changes in your practice may result in the need for changes in your professional liability coverage.** Please consider your overall practice situation in your responses.

The status of the information provided in the previous application(s) I submitted to ProAssurance Indemnity Company, Inc. is as shown below (check the relevant boxes.)

☐ **Has not changed.**
Consider your overall practice situation, **including but not limited to** the following: medical specialty and employer; the types of procedures performed and the frequency with which you perform them; the number of hours you work and the location(s) of your practice(s); the number of medical professionals you supervise; any business ventures related to healthcare; any medical directorships or similar arrangements; telemedicine activities; any changes or pending proceedings related to the status of your medical license or hospital privileges, criminal convictions; treatment for substance abuse; allegations of sexual misconduct or inappropriate conduct; claims or incidents that have not been reported to ProAssurance; etc. **By checking this box, you stipulate that all of the information you previously supplied has remained unchanged.**

☐ **Has changed.**
If this is the case, please specify all changes at the bottom of this form, or on a separate sheet (signed and dated), or complete our standard Renewal Application, with supplements if necessary. Complete a Physician's Supplementary Claims Information Form for each previously unreported claim or potential claim. These forms are available at www.proassurance.com, from your agent or from ProAssurance by calling the phone number shown above.

☐ **Will change in the next year.**
If you anticipate changes in the nature of your practice please identify the changes, including evidence that you received appropriate training and certification in any new procedures, on a separate sheet (signed and dated) and we will contact you for additional details, if necessary.

The warranties, representations, and conditions contained in your original policy application and the renewal application(s) that you completed since your original policy application continue in full force and effect. Under the terms and conditions of your policy, you have the responsibility to report any material change in the facts stated in your application(s). This application is not a binder or acceptance of insurance. Insurance coverage is subject to underwriting approval and payment of the agreed-upon premium, at which time a Coverage Summary and other renewal policy documents will be issued to the Policyholder.

OHIO FRAUD WARNING – Any person who, with the 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.

I hereby declare and represent that the foregoing statements and particulars are, to the best of my knowledge and recollection, complete and that I have not willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof. I understand that the information provided here and in any attachments I have prepared, together with the original policy application and previous renewal applications, shall form the factual basis that ProAssurance will rely upon in issuing a professional liability insurance policy to me.

Date: _____ Signature: _____

Phone: _____ Email Address: _____

Additional Comments or Explanations

(Attach separate sheets, signed and dated, if necessary)