



ACOEM General and Professional Liability Insurance Renewal Application

The ACOEM program provides you with coverage for General and Professional Liability exposures arising out of your services as a 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 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

HOW TO PURCHASE THIS INSURANCE

1. Complete all questions on the ACOEM Renewal Application.
2. Sign and date the application. (must be within 30 days prior to binding)
3. Select coverage and calculate premium on page.
4. Return all of the above to the Program Administrator along with the premium. (Premium should include state taxes, policy issuance fee, and any applicable broker fee as indicated)



ACOEM General and Professional Liability Renewal Application

Section One - Applicant 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. 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

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

4. 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. Is your medical license active and in good standing? Yes No
- 2. Is there any **direct patient care** in excess of 15% of total services as a corporate medical director? Yes No
- 3. Do you have any employees other than clerical and administrative? Yes No
- 4. Have you, in the past 12 months, been the subject of investigative or disciplinary proceedings or reprimanded by a government agency, hospital, or professional association? Yes No
- 5. In the last 12 months:
 - Has any claim or suit for alleged malpractice been brought against you? Yes No
 - Has any claim or suit of alleged malpractice been brought against you that has not been reported to this or any other insurance carrier? Yes No
- 6. Do you perform physical examinations to assess or certify ability to operate heavy machinery (e.g, bulldozers, cranes, etc.)? Yes No
- 7. Do you engage sub-contractors to provide services to your clients? If so, describe below. Yes No
- 8. Do you perform construction or industrial site safety design or inspection? Yes No

If you answered "Yes" to any of questions 4-8, please provide details below. If more space is needed, attach a supplement. Coverage will not be bound without prior underwriter approval.

Details of Questions 4-8



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
Increase Cyber Liability to \$1,000,000 Sublimit - \$500 Additional Premium <input type="checkbox"/> Yes <input type="checkbox"/> No		

*Note: Policy Issuance and Filing Fees are non-refundable

Additional options are available for group practices. Please contact broker for details

Requested Effective Date: _____

Data printed on this form cannot be saved in Adobe Reader. Please print your completed form, sign and scan/email or fax to Program Administrator.



ACOEM General and Professional Liability Program COVID- 19 SUPPLEMENTAL APPLICATION

1. Please provide an overview of any services that you provide specific to Covid-19?

2. Does your contract of employment include any limitations of liability in your favor?

3. Please confirm that you are working in accordance with Federal and State Government guidance (e.g. OSHA)?

4. Where decisions are made contrary to your professional advice are these matters recorded in writing?

5. Are staff and medical personnel utilizing proper Personal Protective Equipment (PPE) as required by CDC, OSHA standards?

6. What impact do you expect the virus to have on your business? Check all of the answers that you expect during the next 12 months.

- a. An increase in work
- b. A decrease in work
- c. The need to hire new employees (if yes please confirm how many) _____
- d. No change in operations

7. Have you received any complaints relating or lawsuits relating to the transmittal of or response to COVID-19? Yes No

Signed: _____ Date: _____

Printed Name: _____