

CERCLE PROFESSIONAL NETWORK LLC

285 YORKSHIRE DRIVE

PO BOX 609

NEWTOWN, PA 18940-0609

TEL 215.860.1819

FAX 215.550.6129

www.cerclepronet.com

info@cerclepronet.com

12 PENNS TRAIL

SUITE 350

NEWTOWN, PA 18940

TEL 267.756.7145

FAX 215.579.9117

PHYSICIAN PREMIUM INDICATION FORM

Physician Name (including professional degree) _____

Medical License No. _____

Name of Corporation, Partnership or Association _____

Business Street Address _____

Business City, County, State & Zip _____

Business Phone & Fax _____

Additional Business Locations _____

(If more than one location, please indicate where you practice more than 50% of time)

Total hours per week? (for all locations to be covered) _____ Years in practice? _____

Specialty: _____

Check one: No Surgery Minor Surgery Major Surgery

American Board certification, original date, & recertification dates _____

Type of Policy Requested: Claims Made Occurrence

Is Prior Acts (Retroactive) Coverage requested? Yes No

If yes, what is the requested retroactive date? _____

Currently insured? Yes No Current Policy Period: _____

Current Insurance Carrier: _____

Type of Current Policy: Claims Made Occurrence

Have you ever been the subject of investigative or disciplinary proceedings or reprimanded by a governmental or administrative agency, hospital, or professional association? Yes No

Have you ever been convicted of, pled guilty to, or pled no contest to, or entered into a plea agreement for a violation of any law or ordinance other than traffic offenses, but including driving while under the influence of alcohol or any other substance? Yes No

Has any malpractice carrier made an indemnity payment on your behalf? Yes No

If yes, how many in the past 5 years? 0 1 2+ Past 10 years? 0 1 2+
[Provide date closed & amount paid for any settlement during past 10 years at bottom of form]

Signature of Physician

Date

Please note: Premium Indications will be provided based on the above information. This form does not guarantee coverage. A full application and all required materials must be submitted for a policy to be issued. All premiums are subject to underwriting review of a completed application.