



VOLUNTEER / RETIRED PROVIDER PROGRAM

Professional Liability Insurance Application

Claims Made Coverage

Please answer ALL questions, sign and return this application to:
Western Washington AHEC, 2033 Sixth Avenue, Suite 310, Seattle WA 98121

Physician or Provider Name: Professional Designation(s):
Social Security or Federal Tax I.D. Number: Date of Birth:
DEA Number: E-Mail Address:
Complete Home Address:
Telephone Numbers Home: Business: Fax:

- 1. Date Volunteer service is to begin (mm/dd/yy) : (Application cannot be processed without this date)
2. Clinic at which you will be volunteering:
3. Principal medical specialty or subspecialty in which you will practice:
4. Are you Board Certified? Yes* No Board Eligible? Yes* No
*If Yes, Name of Board:
5. Have you participated in a risk management training program (seminar or self-study) within the past three years?
No
Yes - When?
Please attach a copy of your certificate of completion.

6. Medical License Information:

Table with 5 columns: State, % of Practice, License Number, Expiration Date, Status

- 7. Do you have any medical professional duties that are insured by another company or that you otherwise do not require WCC insurance coverage?
No
Yes - Explain:

- 8. a) Have you been involved in any claims or lawsuits in the past five years? Yes No
If Yes, give details:
Date of Loss Amount Paid Claimant Name / Incident Description and Status (Attach separate sheet if necessary)

- b) Are there any circumstances known which may give rise to a claim or lawsuit? Yes No
If Yes, please explain:

Please note that your POLICY will not cover, nor will the COMPANY be liable for, CLAIMS based upon, arising from, or in consequence of any EVENT, if written notice of, or constructive notice of, such EVENT has previously been given to another insurer that covers CLAIMS under any coverage section of which this AGREEMENT is a replacement, or if the INSURED has constructive notice of such an EVENT and fails to disclose the EVENT to the COMPANY.



VOLUNTEER / RETIRED PROVIDER PROGRAM
Professional Liability Insurance Application
Claims Made Coverage

9. Have you ever:

- a) Been the subject of investigative or disciplinary proceedings or reprimanded by a governmental or administrative agency, hospital, or professional association?
b) Been convicted of an act committed in violation of any law or ordinance other than traffic offenses?
c) Been treated for alcoholism or drug addiction?
d) Had a state professional license, state or federal license to prescribe or dispense narcotics refused, suspended, revoked, renewal refused or accepted on a special terms or ever voluntary surrendered same?
e) Had an insurance company cancel, decline, refuse to renew or accept on special terms malpractice insurance?

If you answered yes to any of the above, please explain:

COMMENTS:

Please use this section to fully answer any previous question or to provide further information and/or instructions.

Blank lines for providing comments.

APPLICANT REPRESENTATION, AUTHORIZATION AND RELEASE

(PLEASE READ CAREFULLY)

The Applicant certifies that the information contained herein is true, complete and correct to the best of its knowledge, information, and belief. The Applicant acknowledges and agrees that WCC (Washington Casualty Company) will rely upon the information provided in this Application, and that this information is material to the risks that may be assumed by WCC in issuing any insurance to the Applicant.

All policies carry a restrictive endorsement that only provides coverage for noninvasive, volunteer health care, as outlined in the law (RCW 43.70.460). For medical care this includes injections, suturing of minor lacerations, and incisions of boils or superficial abscesses. Primary dental care includes diagnosis, oral hygiene, restoration and simple extractions. Obstetric care, orthodontia and invasive treatments are not covered.

Signature

Date

I UNDERSTAND THAT SIGNATURE OF THIS APPLICATION DOES NOT BIND WCC TO COMPLETE THIS INSURANCE. (A photocopy of this Authorization shall be considered as effective and valid as the original)

PLEASE NOTE: Application will be returned if questions are left unanswered. When complete, please return to: Western Washington AHEC, 2033 Sixth Ave, Suite 310, Seattle WA 98121