Curi

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MMIC Insurance, Inc. | UMIA Insurance, Inc.
Arkansas Mutual Insurance Company
MMIC Risk Retention Group, Inc.

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Physician Group Professional Liability Renewal Questionnaire

A. General Information

1. Please use the Comments section to advise us of any changes to the contact information we have for you including the following:

☐ Address ☐ Phone/Fax Number ☐ Email Address ☐ Contact Person

2. Please use the Comments section to advise us of any desired changes to your insurance program including the following:

☐ Deductible ☐ Limits of Liability ☐ Coverage ☐ Other

For the following questions, please explain all "yes" answers in the Comments section.

3. Have there been any changes to the Applicant's operation within the past 12 months related to the following?

- Obtaining another operation/entity? ☐ Yes ☐ No
- Selling or discontinuing any operation/entity? ☐ Yes ☐ No
- Adding or reducing the number of employees? ☐ Yes ☐ No
- Adding or reducing the number of locations? ☐ Yes ☐ No
- Adding or reducing current services? ☐ Yes ☐ No
- Operating in new states? ☐ Yes ☐ No
- Entering into any joint ventures or limited partnerships? ☐ Yes ☐ No

4. Are future operational changes anticipated related to the items listed in question #3? ☐ Yes ☐ No

5. Does the Applicant provide management services to other entities for a fee? ☐ Yes ☐ No

6. Does the Applicant own or operated an HMO/PPO/IPA or other managed care services? ☐ Yes ☐ No
   If yes, explain in Comments section including number of members and whether a separate legal entity is used.

7. Has the Applicant employed any new physicians in the past 12 months that are not currently listed on the schedule? If yes, please complete an individual application for each person. ☐ Yes ☐ No

8. List all states in which the Applicant provides professional services, including the percentage of practice for each state:

9. Specify total number of **employees** for each type:	Specify total number of **contractors** for each type:
_____ Physicians	_____ Physicians
_____ Physician Assistants/Nurse Practitioners	_____ Physician Assistants/Nurse Practitioners
_____ Other types of healthcare professionals	_____ Other types of healthcare professionals
_____ Non-health care employees	_____ Non-health care contractors
_____ Total number of employees	_____ Total number of contractors

B. Corporate Underwriting Questions

10. Does the Applicant have an ongoing quality assessment and/or improvement plan? ☐ Yes ☐ No

11. Does the Applicant have an ongoing risk management plan? ☐ Yes ☐ No
    If yes, how often is it updated? _____

12. Are credentials for physicians and allied healthcare professionals checked and approved prior to joining the group? ☐ Yes ☐ No
    a) Is there a probationary period? ☐ Yes ☐ No
    b) Are new practitioners proctored? ☐ Yes ☐ No

13. Does the entity own, operate, or control any specialized, medically related unit, such as a pharmacy, laboratory, physical therapy center, free-standing surgery center, office based surgical suite? If yes, please provide details in the Comments section. ☐ Yes ☐ No

14. Do physicians/individuals not affiliated with your organization use your facilities and/or equipment? ☐ Yes ☐ No

15. Has your group ever been investigated or audited by a governmental or regulatory agency? If yes, please provide details in the Comments section. ☐ Yes ☐ No

16. Has any physician, patient, or insurance plan filed a complaint of any kind against your group with a medical society, foundation or state/federal agency? ☐ Yes ☐ No
If yes, please provide details in the Comments section.

C. Provider Underwriting Questions

This section is to be completed on behalf of all physicians and health care professionals (collectively referred to as Providers) that are covered by this insurance.
Explain any "yes" answers to the following questions in the Comments section or separate attachment.

17. Are any Providers engaged in moonlighting activities outside of their work for the named insured? ☐ Yes ☐ No
If yes, is coverage desired for this moonlighting work? ☐ Yes ☐ No

18. Are any Providers that are eligible for a Patients' Compensation Fund (PCF) not currently enrolled or covered by the fund or has there been a gap in fund coverage? ☐ Yes ☐ No ☐ N/A

19. Are any Providers contracted or employed by any facility as a medical director or similar role? ☐ Yes ☐ No

20. Are any Providers providing diagnostic, consulting or other professional services (including telemedicine) in states other than the Applicant's state of domicile? ☐ Yes ☐ No

21. Do any Providers have an ownership interest in a professional corporation, association, partnership or other health care related entity? ☐ Yes ☐ No

22. Are there any Providers that do not have a valid license to practice in their specific field of medicine? ☐ Yes ☐ No

23. Has any Providers' license to practice been suspended, restricted, revoked or voluntarily surrendered, or has probation been invoked in the past five years? ☐ Yes ☐ No

24. Are you aware of any complaint or investigation with respect to a Providers' license to practice or BNDD/DEA license initiated within the past five years? ☐ Yes ☐ No

25. Are all foreign medical graduates certified by the Educational Council for Foreign Medical School Graduates or have they passed the FLEX? ☐ Yes ☐ No

26. Does any physician or allied healthcare professional have coverage independent of the group? ☐ Yes ☐ No
If yes, are annual certificates of insurance required for proof of Professional liability coverage and are specific limits required? ☐ Yes ☐ No
Limits required: $ _____

D. Comments

D. Comments - *continued*

FRAUD WARNING/STATEMENT: Any person who knowingly and with intent to defraud an insurance company or another person files an application for insurance 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 the person to criminal and civil penalties.

Signature | Title | Date

Print Name