



RETIRED VOLUNTEER PHYSICIAN QUESTIONNAIRE

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A retired volunteer physician policy is available to physicians who permanently retire from the practice of medicine. This policy provides medical professional liability coverage for work as a volunteer. To qualify for coverage, all professional services must be provided without remuneration. In addition, surgical procedures, invasive procedures and obstetrical care are not covered under this policy.

The retired volunteer physician policy provides limits of liability of \$1,000,000 for each claim and \$3,000,000 policy aggregate with an annual premium of \$350. This includes the extended reporting period endorsement (tail coverage) for volunteer work under this policy. States with patient compensation funds may have different limit requirements and/or may not be eligible.

To be eligible, you must have been insured with MMIC, UMIA or Arkansas Mutual at the time of retirement. If coverage was provided on a claims-made basis, an extended reporting period endorsement (tail coverage) must be in force.

To apply for coverage, please complete the following information.

Name (first, middle, last):		
Existing Curi Policy Number:		Requested Effective Date:
License:	Email:	Phone:
Mailing Address:		
Billing Address (if different than mailing):		
Home Address:		
Estimated total number of volunteer hours as a healthcare professional on a monthly basis: _____		
Please describe your duties as a volunteer:		

Please be advised that providing materially false or misleading information may result in the rescission of your insurance policy. It is essential to ensure all information submitted is accurate and complete. Additionally, you have a duty to inform us of any changes in conditions or circumstances to ensure coverage remains valid and effective.

By signing this document, I understand this policy is for volunteer services only and will not apply to surgical and obstetrical procedures.

Signature

Date