Curi

**Underwritten by a Curi Company**

Medical Mutual Insurance Company of North Carolina
MMIC Insurance, Inc. | UMIA Insurance, Inc.
Medical Security Insurance Company
MMIC Risk Retention Group, Inc

# PART-TIME
## QUESTIONNAIRE

| Provider Name: | Curi Policy Number: |
|---|---|

**1.** On what date did you begin, or do you plan to begin part-time work (MM/DD/YYYY)?

**2.** On average, how many hours* do you work per week:

**When providing average hours per week, please include all patient visits and consultations, telehealth visits, on-call hours involving patient care, hospital rounds, supervision of other health care workers, charting, recordkeeping, house calls, phone calls, consultation with other providers, administrative duties, etc.*

**3.** Specify below the practice locations where coverage under your current policy is intended to apply. For number of hours, use average hours per week.

| Practice/Facility Name | Street Address, City & State | Specify Employee, Contractor or Owner | # of Hours* |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**4.** Specify below other practice locations for which you are working and **NOT** requesting coverage.

| Practice/Facility Name | City & State | Carrier | Specify if Employee, Contractor or Owner | # of Hours* |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

**5.** Do you perform surgery? ☐ Yes ☐ No

**6.** Do you perform invasive, high risk medical procedures or techniques? ☐ Yes ☐ No
If yes, please describe:

**7.** Do you perform obstetrical procedures? ☐ Yes ☐ No
If yes, please describe:

**8.** As a result of your part-time work, will there be any change in your practice, including the procedures you perform? ☐ Yes ☐ No
If yes, please describe:

**ADDITIONAL COMMENTS**

I declare the information provided herein is complete and accurate. Providing false or misleading information may result in limiting or voiding coverage. I acknowledge a duty to timely inform you of any changes to answers provided herein.

Signature _____ Print Name _____ Date _____