



VICARIOUS LIABILITY QUESTIONNAIRE

Please complete this questionnaire and include the following information prior to the desired effective date:

- Curriculum Vitae
- Current Certificate of Insurance from your professional liability insurance carrier. **Please note, your medical professional liability insurance coverage must extend to your work on behalf of the Curi Policyholder specified below. In addition, this coverage must remain in force for entity vicarious liability coverage to apply.**

Provider Full Name:			Desired Effective Date:		
Curi Policyholder:			Curi Policy Number:		
Practice Location:				County:	
NPI #:	Social Security #:	Date of Birth:		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Medical Specialty:			License #:		
Professional Designation: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> Other (specify):					
Specify your surgical category: <input type="checkbox"/> No Surgical Procedures <input type="checkbox"/> Minor Surgical Procedures <input type="checkbox"/> Surgery					
Please explain all "yes" responses to the questions below in the Comments section or attach a separate document.					
1. Has your medical license or DEA Registration ever been voluntarily or involuntarily withdrawn, suspended, denied, revoked or restricted?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Have your hospital privileges ever been suspended, denied, revoked, restricted, voluntarily surrendered or otherwise sanctioned or has probation been invoked?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Have you ever been investigated, arrested, indicted or convicted of any crime, including allegations of sexual misconduct of any kind?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Have you ever been under investigation by a state medical licensing agency, medical review board, hospital or healthcare facility?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Are you currently suffering from any condition that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Have any claims or suits ever been made against you, your employees or contractors, including any person for whose acts or omissions you are legally responsible for?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
COMMENTS SECTION					
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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.

I acknowledge the medical professional liability coverage specific in my Certificate of Insurance extends to my work on behalf of the above referenced Curi Policyholder and will remain in force.

Signature

Print Name

Date