



## Physician and Surgeon Professional Liability Renewal Application

<b>Name:</b>		<b>Policy Number:</b>	
<b>Address:</b>			
<b>Email Address:</b>			
<b>Specialty:</b>			
<b>Corporate Entity:</b>			
Practice Update		Yes	No
1.	Have you added or changed <b>hospital privileges, procedures/treatments</b> or <b>practice hours</b> since your last application?		
2.	Did your employer, corporation, partnership affiliation or practice location(s) change since your last application?		
3.	Has your medical staff changed in the last year? (i.e. hired a new physician, nurse practitioner, physician assistant, etc.)		
4.	Have you introduced any new technology in your office? (i.e. electronic medical records or e-prescribe)		
5.	Do you have a position for which you are insured with another carrier or the federal government?		
6.	Do you perform any cosmetic procedures?		
7.	Has a complaint against you <b>ever</b> been submitted to the Board of Medical Examiners or have you <b>ever</b> been under investigation by any regulatory authority?		
8.	Have you <b>ever</b> been under criminal investigation?		
9.	Has any health care facility <b>ever</b> denied, restricted, suspended or revoked privileges or invoked probation?		
10.	Other than with Conventus, have any new claims been made against you or have any previously open claims been closed with or without indemnity?(if YES, please complete the attached claim information sheet)		
Please use this space to explain any questions answered "YES" above:			
_____			
_____			
_____			

The information provided in this renewal application is true, complete and accurate upon inquiry and to the best of my knowledge. I know of no other relevant facts that might affect the underwriter's judgment when considering this application, may be material to the underwriter's risk or that may give rise to a Claim. This information shall be considered as part of my Conventus Policy and I understand that Conventus has relied on this information in making a decision to renew my policy. I authorize the release of all other underwriting, credentialing and/or claim information from all prior and current insurers, professional societies or associations, state licensing authorities, hospitals, or credentialing agency to Conventus and subsidiaries, or agents, or Attorney-in-Fact.

**Signature of Insured:** \_\_\_\_\_

**Date:** \_\_\_\_\_