Locum Tenens Application

Coverage Authorization Information:

(This portion to be completed by the CONVENTUS NAMED INSURED)

Named Insured: _____

Policy Number: _____

Dates that applicant will be providing services on your behalf:

_____

_____

_____

I authorize the applicant identified in this application to serve as a Locum Tenens under this policy.

Signature: _____ **Date:** _____

Please Note: **Locum Tenens coverage is available for a provider who is temporarily substituting for a Conventus insured physician and has compatible training/experience. Locum Tenens will be insured only while acting within the course and scope of their duties for the Named Insured identified. A Locum Tenens will share in the limits of liability and coverage of the provider for whom he or she is temporarily substituting.**

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www.conventusnj.com

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Locum Tenens Application

(This portion to be completed by the Locum Tenens Applicant)

Section I – General Information

1. Applicant Name: _____
2. Date of birth: _____
3. Are you: Male ☐ Female ☐
4. Social Security Number: _____
5. List ALL states in which you are licensed or have been licensed to practice medicine :

State	License #	Active?
		Yes ☐ No ☐
		Yes ☐ No ☐
		Yes ☐ No ☐
		Yes ☐ No ☐

Please attach a copy of your medical license.

6. Please list all hospitals at which you currently maintain staff privileges:

Name of Facility	Location (city/state)	Type of Privileges
		Active ☐ Provisional ☐ Courtesy ☐ Pending ☐ Other:_____
		Active ☐ Provisional ☐ Courtesy ☐ Pending ☐ Other:_____
		Active ☐ Provisional ☐ Courtesy ☐ Pending ☐ Other:_____

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7. Name(s) of medical school(s):

Medical School	City	State/Country	Graduation Date
If a foreign medical school(s), are you certified by the Educational Council for Foreign Medical Graduates? Yes ☐ No ☐			
If Yes, date certified:	If No, please explain:		

8. Please list internship/residency training undertaken and dates, whether completed or not:

Location	Specialty	Month/Year Completed
Served internship at:		
Served residency at:		
Served fellowship at:		

Please attach a copy of your CV.

9. Primary Specialty (please list all that apply): _____

10. Sub-specialty (please list all that apply): _____

11. Are you Board Certified? YES ☐ NO ☐

If YES, which one(s) and date of certification: _____

12. If NO, are you Board eligible? YES ☐ NO ☐

13. Have you ever been denied Board certification? YES (provide details) ☐ NO ☐

14. Do you currently have an active practice? YES ☐ NO ☐

15. Name of present insurance carrier: _____ Expiration date:_____
Please attach a copy of your current certificate of insurance.

Section II - Supplemental Questions (All YES answers must be explained)

16. Has any health care facility ever denied, restricted, suspended or revoked privileges? YES ☐ NO ☐

17. Has any state ever refused you a license to practice medicine? YES ☐ NO ☐

18. Has any state ever restricted, suspended or revoked your license to practice medicine? YES ☐ NO ☐

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19. Have you ever voluntarily surrendered a license to practice medicine? YES ☐ NO ☐

20. Has any state ever placed you on probation or restricted your practice? YES ☐ NO ☐

21. To your knowledge, has your license to practice ever been under investigation? YES ☐ NO ☐

22. Has your license to prescribe or dispense narcotics ever been surrendered, refused, suspended or revoked, voluntarily or otherwise? YES ☐ NO ☐

23. Have you ever incurred or become aware of any illness, or physical or emotional condition that impairs, or could impair your ability to practice medicine? YES ☐ NO ☐

24. Are you currently or have you ever been treated for a psychiatric condition, alcoholism or substance abuse? YES ☐ NO ☐

25. Have you ever been charged with a criminal offense or are you currently under investigation for a criminal act? YES ☐ NO ☐

26. Has your professional liability coverage ever been cancelled, restricted, non renewed, or have you withdrawn an application for insurance to avoid declination? YES ☐ NO ☐

27. Have you ever practiced without insurance? YES ☐ NO ☐

28. Has coverage for professional liability ever been refused, or accepted under special terms? YES ☐ NO ☐

29. Has a complaint against you ever been submitted to the Board of Medical Examiners or any regulatory authority? YES ☐ NO ☐

Section III - Claims History

30. a) Has anyone ever filed a claim against you regardless of whether the claim was dismissed, settled or a judgment was rendered? YES ☐ NO ☐ **(If YES, you MUST provide details on the attached claims information sheet for each claim.)**

If Yes, has such incident(s) been reported to a prior professional liability insurer with the agreement of that insurer to provide coverage? YES ☐ NO ☐

b) Do you know of any circumstance, act, error, or omission that could possibly result in a professional liability claim against you? YES ☐ NO ☐

If Yes, has this incident(s) been reported to a prior carrier? YES ☐ NO ☐

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Signature

I understand that no coverage will be bound until after Conventus Inter-Insurance Exchange has reviewed the completed application and expressed its intention to provide coverage.

I understand that Conventus (i) will not issue me an individual policy of insurance (ii) that I will share limits of liability with the Conventus Named Insured and (iii) coverage will only apply to professional services rendered on behalf of the Named Insured and during the dates set forth on this application.

I hereby declare and warrant that the information provided in this application is true, complete and accurate to the best of my knowledge. I know of no other relevant facts, or circumstances that might affect the underwriter's judgment when considering this application or that might be material to the underwriter's agreement to issue this insurance. I agree that if the information on this application changes between the date of this application and the effective date of insurance, I will immediately notify Conventus of such changes and Conventus reserves the right to withdraw or modify any outstanding quotations and/or any authorization or agreement to bind the insurance.

I understand that, in underwriting this insurance, Conventus has relied upon the information contained in this application together with any related information submitted in support of the application. I understand that if Conventus accepts this application and agrees to issue a policy, this application shall be incorporated into and become a part of the policy as issued. If I have received assistance in completing this application, I acknowledge that I have reviewed the application and certified the accuracy of all information completed on my behalf.

I authorize the release of any underwriting, credentialing and/or claim information from (and release from any and all liability for the provision of information) all prior and current insurers, all professional societies or associations, any state licensing authority, any hospitals, or any credentialing agency to Conventus and its subsidiaries, or agents, or Attorney-in-Fact.

Signature of Applicant: _____ Date: _____

Conventus reserves the right to reject any application that does not meet its underwriting standards.

NOTICE TO NEW JERSEY APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALITIES.