

# Part-Time Application

Name of Insured \_\_\_\_\_

Policy Number \_\_\_\_\_

Effective Date of Change \_\_\_\_\_

List ALL locations you currently work INCLUDING practice(s) outside the State of New Jersey

Please provide Employer/Facility Name, Street Address, City State & Phone Number	To be Covered By Conventus?*
1.	
2.	
3.	
4.	

\*If "NO" is answered to any of the above, you must provide current Declarations Page(s) or Certificate(s) of Insurance with this application.

Please list the hours worked at each location above, per day (Example: 9am – 5pm)

	Location #1	Location #2	Location #3	Location #4
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Are you responsible for any on-call hours?      Yes      No

If, yes, please explain: \_\_\_\_\_

Please provide the reason your practice has changed from full-time to part-time:

\_\_\_\_\_

Physician's Signature: \_\_\_\_\_

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

Part-time rate is subject to Company approval. All questions must be answered for part-time to be considered. Pursuant to N.J.S.A. 17:33A-6 and N.J.A.C. 11:16-1.2, any person who knowingly files a statement of a claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.