



Professional Liability Renewal Application

All information below must be completed and all questions answered "Yes" or "No". Please provide any extra explanations on separate page. Please Fax completed form to 813-290-7070.

Primary Insured	Policy Number	Renewal Date
Principal Office Address		Office Phone Number
Medical Specialty	Sub Specialty	Email Address

Renewal Questions: (Please explain all "Yes" answers on separate form)

- During the current policy period are you aware of any potential administrative issues with regard to your license to practice medicine or prescribe drugs? Yes No
- During the current policy period have there been any changes in your hospital privileges? Yes No
- During the current policy period have any previously open claims closed? Yes No
- During the current policy period has your office location changed? Yes No
- During the current policy period has there been a change in the number of hours you work? Yes No
- During the current policy period have there been any changes to the paraprofessionals you employ? Yes No
- During the current policy period have you added procedures you previously did not perform? Yes No
- During the current policy period have any medical incidents or unhappy patients contacted you directly or through an attorney? Yes No
- During the current policy period has there been a change in your health? Yes No

I HEREBY DECLARE THAT I HAVE READ THE ABOVE RENEWAL APPLICATION AND THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE, MATERIAL AND COMPLETE. I FURTHER ACKNOWLEDGE ANY MISREPRESENTATION OR LACK OF NOTIFYING THE CARRIER OF CHANGES IN MY PRACTICE MAY RESULT IN COVERAGE BEING VOIDED.

Primary Insureds Signature

Date

Print Name