LANCET INDEMNITY
"THE INSURANCE COMPANY PHYSICIANS TRUST"

Application for Additional Insureds

All information below must be completed and all questions answered "Yes" or "No". Please provide any extra explanations on separate page. Submit this form with a copy of state license, CV and signed No Known Loss.

Additional Insured Name	**Professional Degree**	**Date of Birth**
School of Professional Degree	**Year of Graduation**	**Email Address**
Primary Insured	**License Number**	**Social Security Number**
Effective Date		**Retroactive Date**

Additional Insured Questions: (Please explain all "Yes" answers on separate page)

1. Have you ever been named in a suit or subject of disciplinary or investigatory proceedings or reprimand by an administrative or governmental agency, hospital or professional association? ☐Yes ☐No
2. Have you ever had any insurance canceled, declined or refused to renew? ☐Yes ☐No
3. Have you ever been convicted of a felony? ☐Yes ☐No
4. Have you ever sought treatment for drug or alcohol addiction? ☐Yes ☐No
5. Are you aware of any circumstances which may result in a malpractice claim or suit being made or brought against you or any other named insured? ☐Yes ☐No
6. Do you administer any anesthesia? ☐Yes ☐No
7. Do you perform or assist in any surgical procedures? (List All) ☐Yes ☐No
8. Years at current company? _____
9. Years of professional experience? _____
10. Number of hours worked per week? _____
11. Number of patients seen per week? _____
12. Do you work at any other company or location other than the one applying for this coverage? ☐Yes ☐No

I HEREBY DECLARE THAT I HAVE READ THE ABOVE 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.

_____ _____

Authorized Representative Signature Date

_____

Print Name

2810 West St. Isabel Street, Suite 100, Tampa, Florida 33607 **P**: 877.370.2262 **F**: 813.290.7070
www.LancetIndemnity.com