



MEDICAL RESERVE CORPS
APPLICATION FOR NON MEDICAL
ERRORS & OMISSIONS/GENERAL LIABILITY INSURANCE

1. **Name of Applicant:** _____ **Phone:** _____
 (If other than parent firm, supply full details of ownership entity)

2. **Mailing Address:** _____
 (If multiple name and locations, please attach list)

3. a) **Date Established:** _____ b) **Jurisdiction:** _____

4. **FEIN:** _____ **Contact Person:** _____ **Phone:** _____

5. **Expected Operations for the upcoming year:** (Attach narrative description if necessary)

____ Training - Advanced Life Support

____ Training - Advance First Aid/CPR

____ Training - Basic Life Support

____ Provide technical assistance to Community (Specify) _____

____ Preparation of Emergency Responders prior to Emergency Response (Specify) _____

____ Other Public Health Initiatives (Specify) _____

____ Other _____

6. **List potential response partners and other organization that volunteer activities will be coordinated with:**

- | | |
|---------------|---------------|
| a) _____ (%) | d) _____ (%) |
| b) _____ (%) | e) _____ (%) |
| c) _____ (%) | f) _____ (%) |

7. a. **List the number and type of applicant's employees(E) and volunteers(V):** If none state none.

NUMBER	E	V	Type of Profession	NUMBER	E	V	Type of Profession
a) _____	___	___	Physicians	i) _____	___	___	Veterinarians
b) _____	___	___	Emergency Medical Technicians	j) _____	___	___	Pharmacists
c) _____	___	___	Nurse Anesthetists	k) _____	___	___	Paramedics
d) _____	___	___	Nurses, Licensed Practical	l) _____	___	___	Epidemiologists
e) _____	___	___	Nurse Practitioner	m) _____	___	___	Infectious disease specialists
f) _____	___	___	Nurses Registered	n) _____	___	___	Other
g) _____	___	___	Dentists	o) _____	___	___	Total # of Emergency Service Volunteers

b. **List the number and type of independent contractors who provide professional services on behalf of the applicant.** If none state none. _____

c. **Are all the above individuals licensed in accordance with applicable state and federal regulations?**

___ Yes ___ No If no, attach explanation.

Has the applicant or have any of the above employees: (Attach a detailed explanation for any "YES" answers).

YES NO

a) Ever been the subject of disciplinary or investigative proceedings or reprimand by a governmental or administrative agency, hospital or professional association? a) _____

b) Ever been convicted for an act committed in violation of any law or ordinance other than traffic offenses? b) _____

c) Ever had any state professional license or license to prescribe or dispense narcotics refused, suspended revoked, renewal refused or accepted only on special terms or ever voluntarily surrendered same? c) _____

8. **Does the applicant perform:**
- a. Annual number of training exercises _____
 - b. Number of planned events/activities per year _____
 - c. Average number of members responding per activity _____

9. **State sources and amounts of total revenue:**

Source	Amount Last Policy Year	Ext. Amount This Policy Year
a. Charitable Contributions	\$ _____	\$ _____
b. Government Funding	\$ _____	\$ _____
d. Fee for Services	\$ _____	\$ _____
d. _____	\$ _____	\$ _____
e. _____	\$ _____	\$ _____
TOTAL GROSS REVENUE:	\$ _____	\$ _____

10. **Does the applicant provide ambulance services or respond to emergency calls?** _____

11. **Give Professional Liability coverage for last five years:**

Carrier	Limit	Deductible	Premium	Expiration (Mo/Day/Yr)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If expiring insurance is a claims made policy, what is the retroactive date? _____

12. **Is the Applicant currently insured under a Commercial General Liability Policy?**

Yes _____ No _____ If yes, please give details:

Insurance Company	Type of Coverage	Limits BI	PD	From	To
_____	_____	_____	_____	_____	_____

13. **Has any application for Professional Liability Insurance made on behalf of the firm, any predecessors in business or present Partners ever been declined or has the insurance ever been cancelled or renewal refused?**

_____ Yes _____ No If yes, please give details: _____

14. **Has any claim ever been made against the applicant or any persons named in question 1? Yes _____ No _____**

If yes, how many? _____ Please attach currently valued company loss runs for the past 5 years and details stating the following:

- 1) Date when claim was made; 2) date the act giving rise to the claim was committed; 3) name of the claimant; 4) nature of the claim; 5) amount involved including reserves; and 6) final disposition.

15. **Is the Applicant aware of any circumstances which may result in any claim against the applicant or any persons named in question 1? Yes _____ No _____**

If yes, how many? _____ Please attach currently valued company loss runs for the past 5 years and details stating: 1) date when claim was made; 2) date the act giving rise to the claim was committed; 3) name of the claimant; 4) nature of the claim; 5) amount involved including reserves; and 6) final disposition.

16. **Has any insurer cancelled or refused to renew any similar insurance during the past five years?** _____

17. **Limits of Liability requested** _____ **Deductible** _____

18. **Desired term of policy: From** _____ **To** _____

Representations

The Applicant declares that the above statement and representations are true and correct, and that no facts have been suppressed or misstated. All written statements and materials furnished to the Company, in conjunction with this application will be incorporated by reference into this application and made part hereof.

This application does not bind the Applicant to buy, or the Company to issue the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made part of the policy. The undersigned Applicant declares that if the information supplied on this application changes between the date of this application and the time when the policy is issued, the Applicant will immediately notify the company of such changes, and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Date Signature of Applicant Title