

ATTN: UNDERWRITING DIVISION

Twenty North Michigan Avenue
 Suite 700
 Chicago, IL 60602
 Telephone 312-782-2749
 Toll Free 800-782-4767
 Fax 312-782-2023
 www.ismie.com

Application for Additional Insured Locum Tenens Coverage

Locum Tenens coverage is available only for a physician who is *temporarily substituting* for an ISMIE Mutual policyholder and who does not have professional liability insurance which would cover the physician for this activity. Application for such coverage must be received in our offices at least seven days prior to the beginning of the coverage period. If approved, insurance will be afforded by endorsement to the named insured's policy, subject to its terms and conditions. Both the named insured and the locum tenens applicant must sign this application.

IT IS ESSENTIAL THAT ALL STATEMENTS BE COMPLETED AND ALL QUESTIONS ANSWERED.
 WE WILL BE UNABLE TO PROCESS AN INCOMPLETE APPLICATION.

1. Named Insured _____ Policy No. _____
First Middle Last Title

2. Medical Specialty _____

THE FOLLOWING QUESTIONS APPLY TO THE LOCUM TENENS APPLICANT:

3. Name of Applicant _____
First Middle Last Title

4. Date of Birth _____ S.S. No. _____ IL Med. License No. _____
(Please attach a copy of medical license)

5. List all hospitals where applicant currently has staff privileges:

A. _____
Hospital Name City State Type of Privileges

B. _____
Hospital Name City State Type of Privileges

6. Will the applicant be providing telemedicine services? yes no

If yes, please indicate where the films or other electronic transmissions will be read.

(If these transmissions will originate in another state, please provide a copy of your medical license for that state)

_____ Location Name City State

7. Does applicant carry professional liability insurance that covers this locum tenens activity? yes no

If "yes," indicate name of carrier.

8. Is applicant currently an:

- a) Intern yes no
- b) Resident yes no

c) Enrollee in a medical training fellowship program yes no

9. Applicant's medical specialty _____

NOTE: If applicant's medical specialty is not the same as the named insured's medical specialty (Question 2), describe the duties the applicant will be performing while substituting for the named insured on the reverse side of this form.

10. As a locum tenens will the applicant perform or assist in the performance of surgery?
If "yes", will this be confined to the named insured's patients? yes no
 yes no
11. During the past ten years:
- a) Have any claims been filed against the applicant? yes no
- b) Has the applicant been convicted of an act in violation of any law or ordinance other than traffic offenses? yes no
- c) Has the applicant's license to practice medicine or prescribe or dispense narcotics ever been revoked, suspended, voluntarily surrendered, subjected to probationary terms or nonrenewed? yes no

NOTE: If "yes" to any part of question 10, furnish complete details on this form.

12. Please check and specify the coverage period desired.
- A. Single date (i.e., January 1): _____

- B. Two or more single dates (i.e., January 1 and January 25): _____

- C. Continuous Coverage Period (i.e., from January 1 to January 25 inclusive): _____

Question Number	Remarks
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I hereby represent and warrant that to the best of my knowledge the information in this application is complete and true and that no material facts have been omitted. I agree to notify ISMIE Mutual of any changes in the information contained herein.

Signature	Date
Name Insured	
Signature	Date
Locum Tenens Applicant	

■ Fax the completed form to ISMIE Mutual's Underwriting Division at (312)782-2023 or e-mail it to uwtg@ismie.com ■