ISMIE
Mutual Insurance Company
The Physician-First Service Insurer

AA-1075 (02/17)

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. ____________ 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? □ yes □ no
If "yes", will this be confined to the named insured's patients? □ 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 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.

FRAUD NOTICE (applicable in Kentucky only)
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime.

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 underwriting@ismie.com■