

NORCAL Insurance Company

RENEWAL APPLICATION — PHYSICIAN MEMBER

Please review and update the information below to reflect the current practice information as it pertains to your group for which coverage is requested. Any planned changes to the current practice must be included in the responses below along with the proposed date for those changes. Any practice changes indicated below that require a change to your policy, but that you have already made, will be changed as of the date this application is signed. ***If the application is not completed and returned, then your coverage may be subject to underwriting action.***

GENERAL INFORMATION

Insured Name: _____ Policy#: _____
 Date of Birth: _____ Medical License: _____
 Agency: _____ Producer: _____

Primary Phone: _____
 Email Address: _____

By providing your email address, you are agreeing to us contacting you via email to obtain follow-up information, if necessary.

SPECIALTY AND PRACTICE INFORMATION

- Please check the appropriate box, indicating the extent of surgery you perform:
 - No Surgery** except incisions of boils, cysts, circumcisions (newborns), or other superficial abscesses or suturing minor lacerations.
 - Minor Surgery** includes most procedures performed under local anesthesia; or assisting in major surgery on your own patients.
 - Major Surgery** includes major surgical procedures done under general, spinal or caudal anesthesia, or assisting in major surgery on other than your own patients.
- Please check each procedure or activity that you perform or render:
 If Not Applicable please check "N/A" Not applicable

<input type="checkbox"/> Abortion – Beyond 1st Trimester	<input type="checkbox"/> Prenatal Care – Beyond 1st Trimester
<input type="checkbox"/> Addiction Medicine	<input type="checkbox"/> Radiology – Interventional
<input type="checkbox"/> Cryosurgery (Internal Lesions)	<input type="checkbox"/> Skin Flaps/Grafts
<input type="checkbox"/> Fertility/Infertility Treatment	<input type="checkbox"/> Spinal Stimulators
<input type="checkbox"/> Hair Restoration Surgery	<input type="checkbox"/> Tubal Ligation
<input type="checkbox"/> Liposuction/Lipoinjection	<input type="checkbox"/> Vasectomy
<input type="checkbox"/> Pain Management	<input type="checkbox"/> Wound Care / Surgical Debridement
Interventional _____%	<input type="checkbox"/> Prolotherapy
Non Interventional _____%	<input type="checkbox"/> Stem Cell Therapy
<input type="checkbox"/> Needle Biopsy	
<input type="checkbox"/> Brain	
<input type="checkbox"/> Spine	
<input type="checkbox"/> Pancreas	
<input type="checkbox"/> Other	

AGREEMENTS & NOTICES

I understand that, as a condition precedent to approval for coverage, NORCAL Insurance Company, any of its subsidiaries or affiliates, or anyone acting on its or their behalf (collectively, "NORCAL") may perform a detailed inquiry and/or investigation of any applicant's background, training, experience, and qualifications by any legal means and I consent to any such inquiry and/or investigation. In addition, I understand that third party information, records, or data regarding the applicant's practices, medical procedures, and/or prescribing practices may be used for informational or underwriting purposes. I authorize any individual or entity to which such inquiry and/or investigation is made to provide NORCAL or anyone acting on its behalf with all information within its possession or under its control that pertains to the applicant's background, training, experience, practices, procedures, and qualifications. I release and discharge any such individual or entity, including any such individual or entity's agents and representatives, from any and all liability that might arise out of any such inquiry or investigation.

I understand that all information provided by me or on my behalf as part of the application process is considered material and important and will be deemed attached to and made a part of the policy. I also understand that the policy could be void in its entirety or with respect to any Insured if that Insured: (1) attempts to defraud NORCAL or (2) conceals or misrepresents a material fact concerning such information or the risk insured. In addition, I understand that coverage for any claim; suit; or administrative, disciplinary, regulatory, or other type of proceeding may be unavailable if the circumstances for such claim; suit; or administrative, disciplinary, regulatory, or other type of proceeding were known before the effective date of coverage under any policy of insurance that may be issued by NORCAL. I understand that I must notify NORCAL immediately, in writing, of any changes in the information previously provided by me or on my behalf and that NORCAL may withdraw or modify any outstanding quotation(s) or authorization(s) or agreement(s) to bind insurance. I understand that this application is subject to review and acceptance by NORCAL and does not bind coverage.

I represent and warrant that the foregoing statements contained in this application and any supplemental information are accurate, true, and complete. I also represent and warrant that I have not withheld any requested information.

I have read the fraud statement, and the state-specific notice(s), if any, applicable to the applicant on the attached State-Specific Notices Supplemental.

Insured Signature

Date

Insured Printed Name

Please mail, email, or fax the completed application to:
NORCAL Insurance Company | 100 Brookwood Pl | Birmingham, AL 35209
844.4NORCAL customerservice@noral-group.com