

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.

GENEF	RAL I	NFORMATION		
Insure	d Na	ame:		Policy#:
Date of Birth:		sirth:	Medi	ical License:
	Age	ency:		Producer:
Prima	ry Pl	none:		
Email	Add	ress:		
By prov	iding	your email address, you are agreeing to us contacting yo	ou via e	mail to obtain follow-up information, if necessary.
SPECIA	LTY	AND PRACTICE INFORMATION • • • • • •		
1.	Ple	ease check the appropriate box, indicating the exten	rgery you perform:	
		No Surgery except incisions of boils, cysts, circumo minor lacerations.	cisions	(newborns), or other superficial abscesses or suturing
		Minor Surgery includes most procedures performe own patients.	ed unde	er local anesthesia; or assisting in major surgery on your
		Major Surgery includes major surgical procedures in major surgery on other than your own patient		under general, spinal or caudal anesthesia, or assisting
2.	Please check each procedure or activity that you perform or render: If Not Applicable please check "N/A" Not applicable			render:
		Abortion – Beyond 1st Trimester		Prenatal Care – Beyond 1st Trimester
		Addiction Medicine		Radiology – Interventional
		Cryosurgery (Internal Lesions)		Skin Flaps/Grafts
		Fertility/Infertility Treatment		Spinal Stimulators
		Hair Restoration Surgery		Tubal Ligation
		Liposuction/Lipoinjection		Vasectomy
		Pain Management		Wound Care / Surgical Debridement
		Interventional%		Prolotherapy
	_	Non Interventional%		Stem Cell Therapy
		Needle Biopsy		
		☐ Brain ☐ Spine		
		☐ Pancreas		
		□ Other		

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3.	Do you currently have admitting privileges? \(\simega\)Yes \(\simega\)No \(If you do not or will not have admitting privileges, please describe your procedure for handling patients who may require immediate in-patient care in the remarks section.			
ADDITI	ONAL INFORMATION			
1.	Have you ever been charged with, been convicted of, or plead guilty to a crime other than a minor traffic violation? \Box Yes \Box No			
2.	Has your license, certification, registration, or other authorization to provide medical or health care services ever been voluntarily or involuntarily suspended, put on probation, or restricted, or have you ever been denied such a license, certification, registration, or other authorization? No			
3.	Has your medical staff membership or clinical privileges ever been voluntarily or involuntarily suspended, put on probation, or restricted? □Yes □No			
4.	Are you aware of any physical or mental impairment or illness, or any substance abuse problem that impairs, or could reasonably be expected to impair, your ability to practice as a health care professional? — Yes — No If yes, a statement from your physician attesting to your fitness to practice your specialty must accompany this application.			
5.	Have you ever been treated for any substance abuse problems? \Box Yes \Box No If yes, please provide the details of the rehabilitation program including dates of treatment in the Remarks Section.			
6.	Have you been accused of sexual misconduct, as that term is defined in the policy? □Yes □No			
7.	Has any claim; suit; or administrative, disciplinary, regulatory, or other type of proceeding been brought against you that has not yet been reported under any insurance, self-insurance arrangement or trust, or risk transfer instrument of any kind? No			
8.	Are you aware of any fact, circumstance, incident act, error, omission, breach of duty, inquiry, investigation, request for medical records, adverse patient outcome, or other matter, whether actual or alleged, that may reasonably give rise to or be the basis of a claim, suit, or other event specified in Question 7?			
For	each Yes response to questions $1-8$, please provide additional information in the Remarks Section.			
Remark	ks Section			

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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.	77 - FF
Insured Signature	Date
Insured Printed Name	

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