

Are there outstanding incidents, claims or suits, or potential incidents, claims or suits (even if you believe the outstanding claim or suit would be without merit) that have not been reported to your current or prior professional liability insurance carrier?

Yes No *(If yes, complete the attached Incident/Claim form for each claim, incident, or potential claim)*

Have you ever been notified to respond to, appear before or been investigated by any licensing or regulatory agency on a complaint of any nature, including, but not limited to, alleged improper care of a patient, unprofessional conduct, unethical conduct or fraud?

Yes No *(If yes, complete the attached Incident/Claim form for each claim, incident, or potential claim)*

How did you hear about MedMal Direct?

Additional Remarks

Please include any additional information or attach documentation as needed to best inform MedMal Direct Insurance Company of anything that would be useful in the underwriting of your application for insurance.

Agreement and Authorization

(A copy of this agreement and Authorization shall be considered as effective and valid as the original)

I hereby agree that the foregoing information and applicable attachments constitutes my application for insurance with MedMal Direct Insurance Company (MDIC). All statements are my own representations and are true, based upon my personal knowledge or what is reasonably foreseeable from the facts, reasonable inferences, or circumstances related to each particular question on this application. I have not knowingly withheld any information that is calculated to influence the judgment of MDIC in considering this application.

If accepted, I understand that insurance is being issued upon reliance of the truth of my representations. Insurance coverage is subject to underwriting review and approval and I understand that no insurance will be afforded unless and until this application is accepted by MDIC and I am notified of said acceptance.

Further, I understand that a detailed inquiry and investigation of my professional background, competence and qualifications, which involves either underwriting or claims matters, may be conducted by MDIC. I consent to any investigation or inquiry and authorize the release and exchange of information related to me, without limitation, including favorable and unfavorable results, any state or hospital disciplinary actions or proceedings, medical malpractice coverage and claims, suits and performance records between the state medical licensing board, state medical association, county medical associations, prior insurance carriers, Physicians Recovery Network, individuals and MDIC.

I expressly release and discharge the aforesaid entities, their agents, employees and/or representatives from any and all liability that might be caused by or related to acts performed in connection with any inquiry or investigation as well as in the evaluation of information so received from whatever source. I understand that, if insured by MDIC, re-verification of my credentials will be periodically required. Therefore, this authorization shall remain valid for so long as I maintain a business relationship with MDIC, and any party furnishing information pursuant to this authorization is entitled to rely on the representation of MDIC that this authorization is currently valid. I may cancel this authorization at any time, upon written notice to MDIC.

Signature: _____

Printed Name: _____

“Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or any application containing any false, incomplete or misleading information, is guilty of a felony of the third degree.”
-Section 817.234(1)(b), Florida Statutes

MDIC Authorized Representative

FL Insurance License Number

