



Lancet Indemnity
"The Insurance Co. Physicians TRUST"
Physician Owned and Directed
Managed By Professional Liability Specialists

2810 W. St. Isabel St., Suite 100
Tampa, FL 33607
Office: (813) 290-8282
Fax: (813) 290-7070

Request for Part-Time Coverage

1. Name: _____ MD ___ DO Other: _____
2. Policy No: _____ (leave blank if you do not have your professional liability insurance with Lancet)
3. Effective Date for Part-Time Coverage _____
4. Number of hrs. per week for which coverage is requested _____ Patient load per week _____
(Practice hrs. consist of: hospital rounds, call hours involving patient contact, communication with other physicians, patient visits and charting.)
5. If 20 hrs. or less, how long have you practiced part-time? _____
6. Coverage specialty requested _____
7. Part-time description:
 - Pregnancy or dependent care
 - Semi-retirement: Date of Birth _____
 - Disability Type: _____ (Submit written explanation from treating physician)
 - Majority of time spent in a teaching capacity. Hours/week _____ Place _____
 - Majority of employment insured through hospital
 - Majority of employment in another state, which is insured elsewhere: State _____
 - Majority of practice is insured through another carrier, entity or employer
8. How long do you anticipate your coverage will be at these reduced hours? _____
9. Submit proof of coverage for any employment listed above which is to be excluded on you Lancet policy.

Signature _____ Date _____