



**Professional Liability Renewal Application**

All information below must be completed and all questions answered "Yes" or "No". Please provide any extra explanations on separate page. Please Fax completed form to 813-290-7070.

Primary Insured	Policy Number	Renewal Date
Principal Office Address		Office Phone Number
Medical Specialty	Sub Specialty	Email Address

**Renewal Questions:** (Please explain all "Yes" answers on separate form)

- During the current policy period are you aware of any potential administrative issues with regard to your license to practice medicine or prescribe drugs?  Yes  No
- During the current policy period have there been any changes in your hospital privileges?  Yes  No
- During the current policy period have any previously open claims closed?  Yes  No
- During the current policy period has your office location changed?  Yes  No
- During the current policy period has there been a change in the number of hours you work?  Yes  No
- During the current policy period has there been any changes to the paraprofessionals you employ?  Yes  No
- During the current policy period have you added procedures you previously did not perform?  Yes  No
- During the current policy period have any medical incidents or unhappy patients contacted you directly or through an attorney?  Yes  No
- During the current policy period has there been a change in your health?  Yes  No

I HEREBY DECLARE THAT I HAVE READ THE ABOVE RENEWAL APPLICATION AND THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE, MATERIAL AND COMPLETE. I FURTHER ACKNOWLEDGE ANY MISREPRESENTATION OR LACK OF NOTIFYING THE CARRIER OF CHANGES IN MY PRACTICE MAY RESULT IN COVERAGE BEING VOIDED.

\_\_\_\_\_  
Primary Insureds Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name