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PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY INSURANCE APPLICATION SUPPLEMENTAL APPLICATION FOR PHYSICIANS REQUESTING PRIOR ACTS COVERAGE

1.

First	Middle	Last
Name of Applicant		

2.

/	/	
Retroactive date requested for Prior Acts Coverage		

3. List all previous claims-made insurance carriers:

Name	Policy #	Limits	Policy Period		to

PLEASE ENCLOSE A COPY OF THE RENEWAL CERTIFICATE/DECLARATIONS PAGE FROM YOUR PRESENT POLICY WHICH SHOWS YOUR RETROACTIVE DATE.

4. Have you ever practiced a medical/surgical specialty other than that currently being practiced and disclosed on your Application for Professional Liability Insurance? Yes No

If so, explain.

5. It is important for you to report all potential claims to your current carrier before you switch to MAG Mutual. The following list of incidents is designed to help you recall situations which should be reported to your present insurer. To the best of your knowledge, have any of the following adverse patient outcomes occurred in your practice in the last two years which you have **NOT** already reported to your current or former insurance carrier?

For any “yes” answer(s), report the(se) incident(s) to your current carrier before your insurance with MAG Mutual Insurance Company becomes effective. Please refer to the attached sample letter for a suggested format to report the(se) potential claims and attach copy(ies) of your notice(s) to this application.

- a. Fetal distress during labor and delivery and, newborn Apgar score less than 6 in delivery room, at either one or five minutes, and evidence of neurological or physical compromise of the infant? Yes No
- b. Any UNEXPECTED death, including stillbirths? Yes No
- c. Any alleged failure or delay to diagnose or treat cancer, infection, or any other condition resulting in death or serious permanent disability of patient? Yes No
- d. Any positive or operative X-ray, CT scan, sonogram, Pap smear or mammogram which had not been timely communicated to the patient? Yes No
- e. Contact by an attorney either requesting records of a patient or notifying you that a malpractice action is being investigated or contemplated? Yes No
- f. Any UNEXPECTED organ failure (heart, liver, lung, kidney), or any significant neurological or functional deficit, or intractable pain, following surgery which were not present upon admission, which are not explained by the medical condition and/or general health of the patient? Yes No

g. Any acute myocardial infarction, arrest, embolism, aneurysm, or cerebral vascular accident during or within:

1. forty-eight (48) hours of surgery?
2. seventy-two (72) hours of an office visit?

Yes No
 Yes No

h. Any readmission or return to ER/OPD within 5 days due to complications from surgery resulting in serious temporary or permanent injury or death?

Yes No

MAG Mutual Insurance Company ("MAG Mutual") relies upon all of the information contained in this SUPPLEMENTAL APPLICATION FOR PRIOR ACTS COVERAGE to be true and complete to the best of your belief, knowledge and recollection. You hereby represent that you have disclosed all pertinent information and relevant facts regarding this subject according to your belief, knowledge and recollection. You further represent that all probable and/or potential claims disclosed herein have NOW been reported to your present professional liability insurer.

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

*Notice to Florida Applicants per Florida Statute 817.234.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

X _____ Date _____
Applicant's Signature (required)