

GRANITE STATE INSURANCE COMPANY [a capital stock company]
1700 Market Street, Suite 2000, Philadelphia, PA 19103
ADMINISTRATIVE OFFICES: 70 Pine Street, New York, NY 10270
GENERAL HEALTHCARE PROVIDER PROFESSIONAL LIABILITY
Allied Health Application

First Name _____ Middle Initial _____ Last Name _____

Street Address _____ Apt No _____

City _____ County _____ State _____ Zip Code _____

SS No _____ - _____ - _____ Phone _____ Fax _____

Email _____ Professional License No _____

2. How did you hear about us?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Colleague |
| <input type="checkbox"/> Association [please list] _____ | <input type="checkbox"/> Mail |
| <input type="checkbox"/> CM&F Group, Inc. Website | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Conference | |

3. Please indicate your profession?

- Employed Self-employed Student

4. Please indicate the limits of liability desired:

- \$500,000/\$1,000,000
 \$1,000,000/\$6,000,000

Are you an Indiana resident electing to participate in the Indiana Patient's Compensation Fund?

- Yes [If yes, your limit will be \$250,000/\$750,000]
 No

5. Have you ever been the subject of a reprimand or disciplinary action, have been refused employment or admission to a professional society, have had professional privileges suspended by any court or administrative agency or ever been the subject of any ethics investigation at local, state or national level?

- Yes [If yes, please attach a separate sheet with full particulars]
 No

6. Has any insurance ever been cancelled or non-renewed? [Missouri residents do not respond]

- Yes
 No

7. Has any malpractice claim or suit ever been brought against you?

- Yes [If yes, please attach a separate sheet with full particulars]
 No

8. Are you aware of any circumstances that may result in a malpractice claim or suit being made or brought against you?

- Yes [If yes, please attach a separate sheet with full particulars]
 No

9. Please list your prior insurance liability insurance, if any

Insurance Carrier _____
Policy No _____
Limits _____
Premium _____
Effective Dates _____

Premiums

FOR: AL, AK, AR, CA, CO, CT, DC, DE, FL, HI, IA, ID, IL, IN*, KA, KY**, LA, MA, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ***, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WI, WY

Limit:	\$500,000/\$1,000,000	\$1,000,000/\$6,000,000
Employed	\$164	\$202
Self-Employed	\$493	\$607
Student	N/A	\$37

*Comp fund [\$250/\$750 - \$145 employed/\$436 self-employed] This is for participants of the Indiana Comp fund only. The cost of the fund is \$100 in addition to the premium. **[add \$1.50 to premium] ***[add 1.4% surcharge to premium]

FOR: GA

Limit:	\$500,000/\$1,000,000	\$1,000,000/\$6,000,000
Employed	\$161	\$198
Self-Employed	\$483	\$594
Student	N/A	\$40

FOR: NY

Limit:	\$500,000/\$1,000,000	\$1,000,000/\$6,000,000
Employed	\$165	\$204
Self-Employed	\$496	\$611
Student	N/A	\$41

FOR: WV

Limit:	\$500,000/\$1,000,000	\$1,000,000/\$6,000,000
Employed	\$165	\$204
Self-Employed	\$496	\$611
Student	N/A	\$41

FOR: MD

Limit:	\$500,000/\$1,000,000	\$1,000,000/\$6,000,000
Employed	\$141	\$175
Self-Employed	\$424	\$526
Student	N/A	\$35

FOR: AZ

Limit:	\$500,000/\$1,000,000	\$1,000,000/\$6,000,000
Employed	\$181	\$223
Self-Employed	\$542	\$668
Student	N/A	\$45

Applicant Signature _____ Title _____ Date _____
 Agent Name _____ Submitted by _____ Date _____
 Address _____
 Florida Agent License No _____ California Agent License No _____

Payment Information [Pre-payment required]

- Check or money order enclosed
- Charge premium to credit card – I authorize *CM&F Group, Inc.* to charge my:
 - VISA MasterCard

Credit Card No _____ Exp Date _____
 Name on Card _____

ASET Member No _____



The CM&F Group
 99 Hudson Street, 12th Fl, NY, NY 10013
 212.233.8911 / 800.221.4904 [222]
 212.608.4378 fax / info@cmfgroup.com

FLORIDA APPLICANTS: RICHARD J.J. SULLIVAN, JR. NON-RESIDENT LICENSE #A257825
CALIFORNIA APPLICANTS: CM&F GROUP, INC. NON-RESIDENT LICENSE #OC36887

THE UNDERSIGNED DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THE INSURANCE, THE UNDERSIGNED WILL IMMEDIATELY NOTIFY THE INSURANCE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME PART OF THE POLICY. ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THE APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THE APPLICATION AND MADE A PART HEREOF.

NOTICE TO ARKANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO COLORADO APPLICANTS: "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFAUDING OR ATTEMPTING TO DEFAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFAUDING OR ATTEMPTING TO DEFAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES."

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF THE FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO FLORIDA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFAUD OR DECIEVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE."

NOTICE TO KENTUCKY APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING ANY INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME."

NOTICE TO LOUISIANA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO MAINE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

NOTICE TO NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO NEW YORK APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, ANY INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME; AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

NOTICE TO OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

NOTICE TO OKLAHOMA APPLICANTS: "WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECIEVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

NOTICE TO PENNSYLVANIA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES"

NOTICE TO VIRGINIA APPLICANTS: "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."