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LICENSED POLYSOMNOGRAPHIC TECHNOLOGIST APPLICATION

Full Name of Applicant _____

Polysomnographic License Number: _____

Business Name if Self Employed / Employer Name if Employed _____

Address _____

City _____ State _____ Zip _____

E-Mail Address (Policy will be e-mailed to you) _____

Requested Effective Date _____

1) Has your licensed ever been suspended, revoked, cancelled, non-renewed, put on probation or voluntarily surrendered?

___yes ___no

2) Have you ever had a claim made, suit brought against you, or are you aware of any professional incident that might reasonably lead to a claim or suit? ___yes ___no

3) Has your professional liability insurance been suspended, revoked, cancelled or non-renewed? ___yes ___no

If the answer to any of the above questions is yes, please explain.

A) EMPLOYED ONLY – INDEPENDENT CONTRACTOR (Includes full time/part time employee working for others. Does not include a person that owns their own business.)

Name of Employer: _____

Please Choose Desired Professional Liability Limits

\$100,000 per Occurrence/ \$300,000 Aggregate

Premium Charge: \$130 per technician _____

\$500,000 per Occurrence/ \$1,000,000 Aggregate

Premium Charge: \$155 per technician _____

\$1,000,000 per Occurrence/ \$3,000,000 Aggregate

Premium Charge: \$172 per technician _____

B) SELF EMPLOYED (Owns their own business without employees)

\$100,000 per Occurrence/ \$300,000 Aggregate

Including General Liability
Premium Charge: \$225 per technician _____

\$500,000 per Occurrence/ \$1,000,000 Aggregate

Including General Liability
Premium Charge: \$250 per technician _____

\$1,000,000 per Occurrence/ \$3,000,000 Aggregate

Including General Liability
Premium Charge: \$280 per technician _____

- Abuse and Molestation sub-limit Add On:

\$ 25,000 sub- limit: Included	<u>Included</u>
\$100,000 sub- limit: \$100	_____
\$300,000 sub-limit: \$200	_____

- Additional Insured: CG 2026 (Designated Person or Organization –

\$15 per AI at 100,000/300,000	_____
\$18 per AI at 500,000/1,000,000	_____
\$20 per AI at 1,000,000/3,000,000	_____

 (Please list the name and address of each additional insured)

Premium: _____
 Filing Fee: \$25.00
 Surplus Lines Tax: _____

 Total Premium: _____

We/I have not carried business insurance coverage during the past three years.
There have been no claims (insured or otherwise) during the past three years. We/I are not aware of any circumstances during the past three years which may give rise to a claim.

Applicant Signature: _____
Date: _____

NOTICE TO 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 ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

IMPORTANT NOTICE: SIGNING THIS APPLICATION DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE. Coverage becomes effective only when accepted by the Insurance Company.

APPLICANT SIGNATURE _____ DATE _____



- NOTICE -
OFFER OF TERRORISM COVERAGE
AND DISCLOSURE OF PREMIUM

You are hereby notified that under the Federal Terrorism Risk Insurance Act, as amended (“the Act”), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, *as defined in Section 102(1) of the Act*. The term “act of terrorism” means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT, AS WELL AS INSURERS’ LIABILITY FOR LOSSES, RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

COVERAGE FOR “INSURED LOSSES” AS DEFINED IN THE ACT IS SUBJECT TO THE COVERAGE TERMS, CONDITIONS, AMOUNTS AND LIMITS IN THIS POLICY APPLICABLE TO LOSSES ARISING FROM EVENTS OTHER THAN ACTS OF TERRORISM.

YOU SHOULD KNOW THAT UNDER FEDERAL LAW, YOU ARE NOT REQUIRED TO PURCHASE COVERAGE FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM.

The Act provides that a separate premium is to be charged for insurance for an “act of terrorism” covered by the Act.

REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

If you choose not to purchase coverage for certified acts of terrorism, you should indicate so in the section below by signing and dating in the space provided.

If you choose to purchase coverage for certified acts of terrorism, you should indicate so in the section below and remit the quoted premium amount indicated below.

	I hereby acknowledge that I have been notified of my right to purchase coverage for certified acts of terrorism and that I voluntary elect not to purchase such coverage. I understand that I will have no coverage for losses arising from acts of terrorism as defined above.
	I hereby elect to purchase coverage for certified acts of terrorism for a premium of \$ <u>100.00</u>

Note: If you do not pay the premium as noted above, you will not have Terrorism Coverage under this policy, as defined in the Act. Failure to sign this form will neither grant nor invalidate coverage.

Applicant's Name

Insurance Company

Authorized Signature

Date

Print Name

Policy Number / Effective Date