

**Cailor Fleming Insurance**  
**P.O. Box 3989**  
**Youngstown, Ohio 44513**  
**Phone: 800-796-8495**  
**Fax: 330-782-0458**

**Sleep Physician Quick App**

1.) **Physician's Name:** \_\_\_\_\_

2.) **Practice Address:** \_\_\_\_\_  
\_\_\_\_\_

3.) **Requested Effective Date:** \_\_\_\_\_

4.) **Coverage Currently in Place:** Circle: YES or NO  
**If yes what is Retro Date:** \_\_\_\_\_

5.) **What is your Specialty:** \_\_\_\_\_  
\_\_\_\_\_

6.) **Any Claims?:** Circle: YES or NO  
**(If yes, please explain on a separate paper)**

7.) **If the Sleep Studies are for secondary employment, is malpractice insurance in place at primary place of employment:** Circle: YES or NO

8.) **Hours per week for Sleep Study practice:**\_\_\_\_\_

**Fraud Statement**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act which is a crime.

**Date:** \_\_\_\_\_ **Applicant Signature:** \_\_\_\_\_

**\*\*\*This application is subject to Insurance carrier approval and will provide and indication only. A fully completed application may be necessary to bind coverage. \*\*\***