



Western World Insurance Company
 Tudor Insurance Company
 Stratford Insurance Company

Application For Nurse Professional Liability

1. Name of Applicant _____
 Street Address _____
 City _____ State _____ Zip _____
 Applicant's Web Site Address _____

2. Degree of Certification: CNP RN LPN PA
 Year Conferred _____ Institution _____
 If CNP or PA, describe duties* _____

3. Are you an: Employee Independent Contractor

4. Indicate the percent of time spent in the following work locations:

_____ % Administrative office	_____ % Outpatient clinic	_____ % Classroom
_____ % Laboratory	_____ % Hospital ER	_____ % Patient's Home
_____ % Professional office	_____ % Nursing Home	_____ % OR
_____ % Hospital Ward	_____ % Abortion Clinic	_____ % Other _____

5. Do you administer any anesthesia? Yes No

6. Do you administer IV or Chemotherapy? Yes No
 If so, describe any special training.* _____

7. Do you provide OB/GYN or Midwife services? Yes No
 If yes, describe.* _____

8. Has your nursing license ever been suspended or revoked? Yes No
 If yes, give details.* _____

9. Prior insurance carrier and loss history last 5 years. If no prior insurance, check here.

Year	Insurance Company	Policy Number	Loss paid/ reserved	Description

10. Is the applicant, aware of any circumstances that may result in a claim? Yes No
 If yes, provide details.* _____

11. LIMITS OF INSURANCE REQUESTED:

\$ _____ Each occurrence limit
\$ _____ General Aggregate limit

Effective Dates Desired: From _____ To _____

** If more space needed, use back of form.*

Applicant's Signature: _____

Date: _____

Title: _____

Producing Agent: _____