

Lapre Scali & Company Insurance Services, LLC

GRANITE STATE INSURANCE COMPANY
1700 Market Street, Suite 2000 Philadelphia, PA 19103
ADMINISTRATIVE OFFICES; 70 Pine Street, New York, NY 10270
(a capital stock company)

74829 (1/00)

GENERAL HEALTHCARE PROVIDER PROFESSIONAL LIABILITY Allied Health Application

1. First Name _____ Middle Initial _____ Last Name _____
Street Address _____ Apartment No. _____
City _____ County _____ State _____ Zip Code _____
Social Security # _____ Telephone # _____ Fax # _____
e-Mail Address _____ Professional License # _____

2. How did you hear about us?
Convention Colleague Advertisement Mail CM&F Group Website Association (Please List) Other

3. I am: self-employed an employee

4. Please indicate your profession from the Class Definitions show below:

CLASS DEFINITIONS

Professional - Class I

Occupational Therapist
Occupational Therapist Assistant
Certified OT Assistant
Respiratory Care Provider
Respiratory Therapist
Respiratory Therapist Technician/Technologist

Professional - Class II

Art Therapist
Dance Therapist
Music Therapist
Recreation Therapist

Professional - Class III

Audiologist
Bio-Medical Technician/Technologist
Blood Bank Technician/Technologist
Cardiology Technician/Technologist
Certified Laboratory Technician/Technologist
Certified Medical Assistant
Clinical Laboratory Technician/Technologist
Community Health Assistant
Community Health Technician/Technologist
Diagnostic Medical Sonographer
Dialysis Technician/Technologist
Dietitian
EEG Technician/Technologist
Electrologist
Health Educator
Histologic Technician/Technologist
Laboratory Aide
Medical Laboratory Technician/Technologist

Medical Technician
Medical Technician/Technologist Assistant
Medical Technologist
Medical Assistant
Medical Records Administrator
Medical Records Technician/Technologist
Nuclear Medical Technician/Technologist
Nutritionist
Phlebotomist
Radiation Therapist
Radiologic Technician/Technologist
Speech Hearing Therapist
Speech Language Pathologist
Surgeon Assistant
Surgical Technician/Technologist
X-Ray Machine Operator

Professional - Class IV

Pharmacist
Pharmacist (Consulting)

Professional - Class V

Circulation Technician/Technologist
Perfusionist
Rehabilitation Assistant
Rehabilitation Therapist

Professional - Class VI

Corrective Therapist
Enterostomal Therapist
Exercise Physiologist
Kinesiologist/Kinesiotherapist
Massage Therapist
Orthopedic Assistant
Wellness Counselor

Professional - Class VIIA
Athletic Trainer (Non-medical, Non-certified)

Professional - Class VIIB
Athletic Trainer (Medical, LPT or RPT)

Professional - Class VIII A
Student/Volunteer EMT

Professional - Class VIII B
Basic/Intermediate EMT

Professional - Class VIII C
Paramedic

Professional - Class IX
A- Physical Therapist
B- PT Assistant

Professional - Class X
Sports Medicine Instructor
Sports Medicine Therapist

***NOTE: This program does not cover psychologists, dental students, medical students or mental health counselors.**

5. Please indicate Limits of Liability desired (please check one):

\$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 No
If yes, your Limit of Liability will be \$250,000/\$750,000

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

Yes No If yes, please attach a separate sheet with full particulars.

7. Has any insurance ever been cancelled or non-renewed?

Yes No

***NOTE: Missouri Residents Do Not Respond.**

8. Has any malpractice claim or suit ever been brought against you? Yes No If yes, please attach a separate sheet with full particulars.

9. Are you aware of any circumstances which may result in a malpractice claim or suit being made or brought against you? Yes No

If yes, please attach a separate sheet with full particulars.

10. Please list your prior professional liability insurance, if any.

INSURANCE CARRIER	POLICY NUMBER	LIMITS	PREMIUM	EFFECTIVE DATES
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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 this application and the effective date of the insurance, he/she (undersigned) will immediately notify the 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 a 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.

The earliest effective date in which a policy can be issued is the date this application is received in our office.

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.

NOTICE TO ARKANSAS AND 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 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 DEFRAUDING OR ATTEMPTING TO DEFRAUD 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 DEFRAUDING OR ATTEMPTING TO DEFRAUD 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 DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF 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, 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 IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

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 DEFRAUDING 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 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, 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 DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

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 TENNESSEE AND 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

Applicant's Signature: _____

Title: _____ Date: _____

Name of Agent: _____ Submitted by: _____ Date: _____

Address: _____

Florida Agent License #: _____ California Agent License #: _____

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PREPAYMENT REQUIRED

Check or money order enclosed.

Charge premium to credit card.

I authorize CM&F Group, Inc. to charge the premium to my:

VISA

MASTERCARD

Credit Card Account Number: _____ Expiration Month and Year: _____

Print name exactly as it appears on card: _____

THIRD PARTY CREDIT CARD AUTHORIZATION

Please complete the following (if payer other than applicant):

CHARGE TO: VISA MASTERCARD

Credit Card Account Number: _____ Expiration Month and Year: _____

Card Member Name (Print): _____

Signature: _____ Date Signed: _____

MAIL TO: CM&F Group, Inc.

99 Hudson Street, 12th Floor, New York, NY 10013

212.233.8940 1.800.221.4904 FAX: 212.608.4378

info@cmfgroup.com

Florida Applicants:

Richard J.J. Sullivan, Jr. Non Resident License #A257825

California Applicants:

CMF Group, Inc. Non Resident CA License #OC368871 3

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