

LAMMICO

LOUISIANA PHYSICIANS AND SURGEONS

Class Change Application for Professional Liability Insurance

If you have questions, please call the Underwriting Department at 504.831.3756 or 800.452.2120. We look forward to serving your medical professional liability insurance needs.

I hereby declare that all statements and answers herein are full, complete, and true to the best of my knowledge and belief and that no material circumstance or information concerning the subject matter of the questions asked has been withheld or omitted.

I understand that the statements and answers will be relied upon by LAMMICO and are material in determining not only whether insurance coverage will be issued or renewed, but also correct classification.

Signing this application does not bind the company to issue a policy of insurance. However, it is agreed that this form shall be the basis of the policy.

Insured Signature

MM/DD/YYYY

Print Name

When completed, please remit this application to:

LAMMICO

One Galleria Blvd., Suite 700

Metairie, LA 70001

FAX: 504.841.5205 or 504.841.5300



LOUISIANA PHYSICIANS AND SURGEONS CLASS CHANGE APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE

Proposed Effective Date of Class Change: MM / DD / YYYY

Briefly describe the reason for the proposed class change:

What is your proposed medical specialty?

Indicate percentage of time devoted to the following medical and/or surgical activities (total should equal 100%):

- Grid of medical specialties with percentage indicators for selection.

Medical or Surgical Procedures (Please indicate whether you perform any of the following):

- Checkboxes for Anesthesia, Assisting in major surgical procedures, General, Spinal, Epidural.

Minor Surgery & Procedures—Includes operations and procedures not considered to be major surgery, involving primary treatment of limited abnormalities, injuries, and infections of the skin and superficial tissue, usually using local anesthesia and predominantly performed on an outpatient basis. It includes but is not limited to the following list. Check all applicable:

- Checkboxes for various minor surgical and diagnostic procedures.

- Catheterization
 - Cardiac
 - Transarterial
 - Occasional insertion of pulmonary wedge, recording catheters, or temporary pacemakers
 - Transvenous
 - Umbilical cord catheterization for diagnostic purposes or for monitoring blood gases in newborns receiving oxygen (other than emergency or for transport)
- Cervical conization—specify type: _____
- Circumcision
- Colonoscopy
- Cosmetic injections—specify type: _____
- Cosmetic/reconstructive skin flaps and skin grafts
 - with arterial blood supply other than cancer therapy
- Laser therapy—specify type: _____
- Myelography
- Needle biopsy
 - Lung, liver, kidney or prostate
 - Other—specify type: _____
- Nerve blocks, therapeutic—specify type in “Remarks”
- Pain management—specify type in “Remarks”
- Pneumatic or mechanical esophageal dilation (not with bougie or olive)
- Radiopaque contrast material injections into veins, blood vessels, lymphatic, sinus tracts, and fistulae
- Radiopaque contrast material injections into arteries
- Radiation therapy
- Vasectomy
- Other: _____

Major Surgery—Includes operation procedures in or upon any body cavity including cranium, thorax, abdomen, pelvis; any other operations or procedures which, because of the condition of the patient or the length or circumstances of the operation, present a distinct hazard to life. It also includes but is not limited to the following list. Check all applicable:

- Amputations
- Bariatric/Obesity surgery—specify type: _____
- Bone fractures
 - Operative treatment
 - Closed manipulation-general or regional anesthesia
- Fertility or reproductive surgery
- Gynecological procedures
 - Dilation and curettements other than emergency
- Laparoscopic Cholecystectomy
- Laparoscopy
 - Diagnostic
 - Sterilization
 - Therapeutic
- Liposuction—specify type, and if performed under general or local anesthesia: _____
- Minimal invasive endoscopic surgery—specify type: _____
- Obstetrical procedures
 - Abortions
 - Elective
 - Therapeutic
 - Cesarean sections
 - Forceps delivery other than outlet forceps
 - Home delivery
 - Vaginal delivery
 - Other: _____
- Penile implants
- Percutaneous disc surgery
- Plastic surgery
 - Cosmetic—specify type: _____
 - Reconstructive—specify type: _____
 - Facial—specify type: _____
 - Breast augmentation/reduction
- Radial keratotomy
- Spine surgery
 - Primary**
 - Cervical
 - Thoracic
 - Lumbar
 - Spinal instrumentation
 - Reoperative**
 - Cervical
 - Thoracic
 - Lumbar
 - Spinal instrumentation
 - Other—specify type: _____
- Tonsillectomies and/or adenoidectomies

Question No.	Remarks (Attach additional sheets, if necessary)