

LAMMICO

LSU MEDICAL STUDENT

Application for Excess Professional Liability Insurance

Please refer to www.lammico.com for a downloadable version of this application.

In order to allow adequate time for review of your application, we ask that you please submit your application at least 30 days in advance of your requested effective date.

Please read the following instructions in order to expedite the review of your application:

1. Please refer to the Frequently Asked Questions page for answers to common questions
2. Answer all questions or mark "N/A" where appropriate
3. Submit all information as requested by the application if a claim or suit has been filed against you
4. **Submit payment for applicable limits**
 - **\$180 for \$1M/\$3M total limits (LAMMICO requires a separate check for each rotation)**
5. Sign and date your application

If you have questions, please contact a Policyholder Support Representative at 504.831.3756 or 800.452.2120.

Thank you for your interest in LAMMICO. We look forward to serving your medical professional liability insurance needs.

When completed, please remit this application to:

LAMMICO
One Galleria Blvd., Suite 700
Metairie, LA 70001
FAX: 504.841.5205



Frequently Asked Questions

1. How much does the coverage cost?

Total Limits - \$1 million / \$3 million coverage = \$180

2. I do not know when the rotation will take place, what should I put for the dates of rotation?

We require the dates of the rotation to be on the application. You are able to change the dates of the rotation after your submission of the application, but before the rotation takes place.

3. I am applying to multiple locations can I put all of them on one application?

Yes, however, LAMMICO requires a separate check for each rotation.

4. After I submit an application and decide not to accept or I am declined for the rotation, do I get a refund?

LAMMICO will give back your original check should a rotation be declined or not accepted. In order to qualify for a return of your payment (or a refund), you will need to notify us in writing prior to the requested effective date that the rotation has been declined or not accepted.

5. How do you accept payment for the application?

Currently, LAMMICO only accepts checks via mail or personal delivery. Please make checks payable to LAMMICO.

6. Do you deposit the check as soon as I submit the application?

No, LAMMICO will hold the check and then deposit the check two weeks before the start date of the rotation.



L.S.U. MEDICAL STUDENT APPLICATION FOR EXCESS PROFESSIONAL LIABILITY INSURANCE

Under the "Occurrence" policy, coverage is provided for any incident that occurs during the term of the policy, regardless of when a claim arising from the incident is made.

Personal Information

Full Name (Last, First, Middle Initial)			Suffix <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> III <input type="checkbox"/> IV		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address (include city, state, zip)			Home Address (if different)			
Social Security No.	Date of Birth	Cell Phone / Home Phone	Email Address		Expected Graduation Date	

Rotation Locations

1. _____
2. _____
3. _____
4. _____
5. _____

Dates of Rotation

- _____
- _____
- _____
- _____
- _____

Total Limits Provided: \$1 million / \$3 million

Lammico coverage is \$500,000 per incident / \$1.5 million annual aggregate excess over primary LSUHSC \$500,000 limit

Underwriting and Rating Information

NOTE: If you answer yes to any of the following questions, you will need to provide detailed information.

1. Have you been treated for alcoholism, narcotic addiction or mental illness? Yes No
2. Have you now or have you ever had a chronic illness or physical limitation that impairs or could tend to impair your ability to practice medicine? Yes No
3. Have you been charged with or convicted of a crime (other than a minor traffic violation)? Yes No
4. Have fee complaints or professional relations complaints been registered against you with your medical society/association or state licensing authority? Yes No
5. Has any claim or suit for alleged malpractice ever been brought against you? Yes No
6. Are you aware of any circumstances that might reasonably lead to a claim or suit? Yes No

Sign and date application in the space below.

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.

I hereby authorize release of my name, address, policy, and premium information by Lammico to its agents or designees subject to confidentiality and nondisclosure agreements.

I authorize any professional societies, prior or present business or medical associates, licensing boards, hospitals, government entities, corporations, partnerships, organizations, institutions or persons that may have any record or knowledge concerning any of the statements and answers made herein to release such information to Lammico upon its request. I authorize the use of a copy of this authorization in place of the original.

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.

Applicant Signature

Date

FRAUD NOTICE – 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 of insurance is guilty of a crime and may be subject to fines and confinement in prison.