

LAMMICO

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



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%):

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> % | <input type="checkbox"/> % | <input type="checkbox"/> % | <input type="checkbox"/> % |
| <input type="checkbox"/> Addictionology | <input type="checkbox"/> General Practice - Surgery | <input type="checkbox"/> Neuro-radiology | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Administrative Medicine | <input type="checkbox"/> General Preventive Medicine | <input type="checkbox"/> Neurosurgery | <input type="checkbox"/> Pharmacology-Clinical |
| <input type="checkbox"/> Aesthetic Medicine | <input type="checkbox"/> General Surgery | <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Physiatry - Phys. Med |
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Geriatrics | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Anesthesiology | <input type="checkbox"/> Geriatrics/Institutional | <input type="checkbox"/> Obstetrics | <input type="checkbox"/> Psychoanalysis |
| <input type="checkbox"/> Bariatric Medicine | <input type="checkbox"/> Gynecology | <input type="checkbox"/> Obstetrics/Gynecology | <input type="checkbox"/> Plastic Surgery |
| <input type="checkbox"/> Bariatric Surgery | <input type="checkbox"/> Gynecology - Surgery | <input type="checkbox"/> Occupational Medicine | <input type="checkbox"/> Pulmonary Diseases |
| <input type="checkbox"/> Cardiac Surgery | <input type="checkbox"/> Hand Surgery | <input type="checkbox"/> Oncology-Medical | <input type="checkbox"/> Radiology-Diagnostic |
| <input type="checkbox"/> Cardiovascular Diseases | <input type="checkbox"/> Hematology | <input type="checkbox"/> Oncology-Surgery | <input type="checkbox"/> Radiology-Therapeutic |
| <input type="checkbox"/> Cardiovascular Surgery | <input type="checkbox"/> Hospitalist | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Colon & Rectal Surgery | <input type="checkbox"/> Infectious Diseases | <input type="checkbox"/> Ophthalmology-Surgery | <input type="checkbox"/> Sleep Medicine |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Intensive Care Medicine | <input type="checkbox"/> Orthopedic – Office Only | <input type="checkbox"/> Thoracic Surgery |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Orthopedic Surgery | <input type="checkbox"/> Trauma Surgery |
| <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Laborist | <input type="checkbox"/> Otorhinolaryngology | <input type="checkbox"/> Urgent Care Medicine |
| <input type="checkbox"/> Family Practice | <input type="checkbox"/> Neonatology | <input type="checkbox"/> Otorhinolaryngology/Plastic | <input type="checkbox"/> Urological Surgery |
| <input type="checkbox"/> Family Practice-Incl. OB | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Otorhinolaryngology/Surgery | <input type="checkbox"/> Urology/Gynecology |
| <input type="checkbox"/> Family Practice-Surgery | <input type="checkbox"/> Nephrology Interventional | <input type="checkbox"/> Pain Management | <input type="checkbox"/> Vascular Surgery |
| <input type="checkbox"/> Forensic Medicine | <input type="checkbox"/> Neurology | <input type="checkbox"/> Pathology | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Neurohospitalist | | |
| <input type="checkbox"/> General Practice | | | |

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

- Anesthesia** General Spinal Epidural
 Assisting in major surgical procedures

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:

- | | |
|---|---|
| <input type="checkbox"/> No procedures—only consulting or diagnostic | <input type="checkbox"/> Cryosurgery |
| <input type="checkbox"/> Incisions of boils and superficial abscesses | <input type="checkbox"/> On benign dermatological lesions |
| <input type="checkbox"/> Suturing of skin and superficial fascia | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Acupuncture—other than acupuncture anesthesia | <input type="checkbox"/> Dermabrasion |
| <input type="checkbox"/> Angiography | <input type="checkbox"/> Diagnostic sonography |
| <input type="checkbox"/> Angioplasty | <input type="checkbox"/> Discograms |
| <input type="checkbox"/> Coronary | <input type="checkbox"/> Electroshock therapy (psychiatric) |
| <input type="checkbox"/> Peripheral | <input type="checkbox"/> Fiberoptic bronchoscopy |
| <input type="checkbox"/> Bone fractures: closed treatment | <input type="checkbox"/> Hair transplant |
| <input type="checkbox"/> Cancer chemotherapy | <input type="checkbox"/> Interventional endoscopy—specify type: _____ |

- 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)