

**Print Name** 

Class Change Application for Professional Liability Insurance

If you have questions, please call the Ur	nderwriting Department at 504.831.3756 o	or 800.452.2120. We look forward to
serving your medical professional liability	y 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.

FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW OF YOUR STATE  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.					
Insured Signature	MM/DD/YYYY				

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	MM DD YYYY		
Briefly describe the reason for	or the proposed class change:		
2. What is your proposed medi	cal specialty?		
<ol> <li>Indicate percentage of time 6</li> </ol>	devoted to the following medical and/	or surgical activities (total should equal of	
Addictionology Administrative Medicine Aesthetic Medicine Allergy Anesthesiology Bariatric Medicine Bariatric Surgery Cardiac Surgery Cardiothoracic Surgery Cardiovascular Diseases Cardiovascular Surgery Dermatology Emergency Medicine Endocrinology Family Practice Family Practice-Incl. OB Family Practice-Surgery Forensic Medicine Gastroenterology	General Practice General Practice – Surgery General Preventive Medicine General Surgery Geriatrics Geriatrics/Institutional Gynecology Gynecology – Surgery Hand Surgery Head & Neck Surgery Hematology Hospitalist Infectious Diseases Intensive Care Medicine Internal Medicine Laborist Neonatology Nephrology Nephrology Interventional Neurology	Neurohospitalist Neuro-radiology Neurosurgery Neurosurgery-no intracranial Nuclear Medicine Nutrition Obstetrics Obstetrics/Gynecology Occupational Medicine Oncology – Medical Oncology – Surgery Ophthalmology – No Surgery Ophthalmology – Ocular Plastic Ophthalmology – Surgery Orthopedic – No Surgery Orthopedic Surgery Otorhinolaryngology Otorhinolaryngology/Plastic Otorhinolaryngology/Surgery Pain Management	Pathology Pediatrics Pharmacology – Clinical Physiatry – Phys. Med Plastic Surgery Psychiatry Psychoanalysis Pulmonary Diseases Radiation – Oncologist Radiology – Diagnostic Radiology – Therapeutic Rheumatology Sleep Medicine Thoracic Surgery Trauma Surgery Urgent Care Medicine Urological Surgery Urology/Gynecology Vascular Surgery Wound Care
☐ Anesthesia ☐ Ge ☐ Assisting in major surgery & Procedures— treatment of limited abnormalities	dical procedures  Includes operations and procedures s, injuries, and infections of the skin a putpatient basis. It includes but is not consulting or diagnostic efficial abscesses ficial fascia acupuncture anesthesia	,	anesthesia and blicable:



recording of Transvenor Umbilical of or for mon oxygen (of Cervical conizal Circumcision Colonoscopy Cosmetic/Aestl Cosmetic inject Cosmetic/record	ial Il insertion of pulmonary wedge, catheters, or temporary pacemakers	<ul> <li>Mohs Surgery</li> <li>Myelography</li> <li>Needle biopsy</li> <li>Lung, liver, kidney or prostate</li> <li>Other—specify type:</li> <li>Pain management—specify type in the procession of the procession</li></ul>	ype in "Remarks" 'Remarks" al dilation ons into veins, blood d fistulae ons into arteries
	cedures—Includes operation procedures in or upor procedures which, because of the condition of		· · · · · · · · · · · · · · · · · · ·
	ard to life. It also includes but is not limited to the		or the operation,
	<b></b>		
☐ Bariatric/Obesi☐ Bone fractures☐ Fertility or reproud Gynecological☐ Laparoscopic C☐ Laparoscopy☐ Liposuction—s☐ Minimal invasiv	ty surgery—specify type: Operative treatment oductive surgery Gender reassignment procedures Dilation and currettem Cholecystectomy Diagnostic pecify type, and if performed under general or loc we endoscopic surgery—specify type:	☐ Closed manipulation-general or regi☐ Adult ☐ Minor ents other than emergency ☐ Sterilization ☐ Theraperal anesthesia:	utic
Obstetrical pro		ceps delivery other than outlet forceps inal Delivery	☐ Abortions ☐ Elective
	Other:	mai Benvery	☐ Therapeutic
	Surgery – (e.g. laser, transplant, cataract, etc.) s	specify type(s):	·
Penile implants			
☐ Percutaneous of ☐ Plastic surgery			ugmentation/reduction
☐ Spine surgery	☐ Primary ☐ Reoperative		
	☐ Cervical ☐ Cervical ☐ Thoracic ☐ Tho		
	☐ Thoracic ☐ Tho		
	☐ Spinal instrumentation ☐ Spir		
	s and/or adenoidectomies		
	gery – specify type:		
☐ Other.			
Question No.	Remarks (Attac	h additional sheets, if necessary)	
	, and the second	, , , , , , , , , , , , , , , , , , ,	