

# 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.**

**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**

\_\_\_\_\_  
**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



- 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/Aesthetic procedures – specify type in “Remarks”
- Cosmetic injections—specify type: \_\_\_\_\_
- Cosmetic/reconstructive skin flaps and skin grafts
  - with arterial blood supply other than cancer therapy
- Dermabrasion
- Mohs Surgery
- Myelography
- Needle biopsy
  - Lung, liver, kidney or prostate
  - Breast
  - 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
- Vein procedures – in office only – specify type in “Remarks”
- Other: \_\_\_\_\_

**Major Surgery & Procedures**—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 – specify type: \_\_\_\_\_
- Bariatric/Obesity surgery—specify type: \_\_\_\_\_
- Bone fractures
  - Operative treatment
  - Closed manipulation-general or regional anesthesia
- Fertility or reproductive surgery
  - Gender reassignment
  - Adult
  - Minor
- Gynecological procedures
  - Dilation and currettements 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
  - Cesarean sections
  - Forceps delivery other than outlet forceps
  - Abortions
  - Home Delivery
  - Vaginal Delivery
  - Elective
  - Other: \_\_\_\_\_
  - Therapeutic
- Ophthalmology Surgery – (e.g. laser, transplant, cataract, etc.) specify type(s): \_\_\_\_\_
- Penile implants
- Percutaneous disc surgery
- Plastic surgery
  - Cosmetic—specify type: \_\_\_\_\_
  - Breast augmentation/reduction
  - Reconstructive—specify type: \_\_\_\_\_
  - Facial—specify type: \_\_\_\_\_
- Spine surgery
  - Primary**
    - Cervical
    - Thoracic
    - Lumbar
    - Spinal instrumentation
  - Reoperative**
    - Cervical
    - Thoracic
    - Lumbar
    - Spinal instrumentation
- Tonsillectomies and/or adenoidectomies
- Transplant surgery – specify type: \_\_\_\_\_
- Other: \_\_\_\_\_

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