



Family|General Practitioners Supplement to Application for Medical Professional Liability Insurance

UT

FP|GP - No Surgery (80420)

My practice is limited to general office that may include simple procedures such as the following:

Yes No

- Repair of Lacerations
- Removal of Moles and Warts
- Interpretation of Chest, Extremity, Rib & Clavicle films
- Immobilization including casting of simple (non-displaced) Fractures that do not require manipulation (reduction)

FP|GP - Minor Surgery (80423)

My practice includes minor surgical procedures such as the following:

Yes No
Procedures per Yr

T & A's: _____

D & C's: _____

Abortions - First Trimester: _____

Closed Reductions: _____

FP|GP Obstetrics (80421)

My practice includes Obstetrics.

Yes No

FP|GP - Major Surgery (80117)

I am the primary surgeon on Major General Surgical procedures such as the following:

Yes No

Total number below may not exceed 100 procedures per year.

Procedures per Yr

Hemorrhoidectomies, Appendectomies, etc.: _____

General Questions

I provide X-ray interpretation other than Chest, Extremity, Rib and Clavicle films.
If yes to the above, are the x-rays over read by a radiologist?

Yes No
 Yes No

I provide back-up services for Midwives by written or oral agreement. (If yes, please provide written description of these activities)

Yes No

_____ I perform Second Trimester Abortions.

Yes No

I perform Home Deliveries.

Yes No

I perform Birthing Room Deliveries (other than in the hospital). If yes, indicate location.

Yes No

I administer sedation in the course of my practice.

Yes No

I perform cosmetic procedures.

Yes No

SIGNATURE OF APPLICANT

DATE

I certify that all statements in this application are true, material, and complete.

NAME