



602.956.5276 | Fax 602.468.1710 | 1.800.352.0402 | 2602 E Thomas Rd Phoenix, AZ 85016-8202

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 (Total number below may not exceed 100 procedures per year):

Yes No

Procedures per Yr _____

Hemorrhoidectomies, Appendectomies, etc.: _____

General Questions

1. I provide X-ray interpretation other than Chest, Extremity, Rib and Clavicle films. Yes No
If yes to the above, are the x-rays over read by a radiologist? Yes No
2. I provide back-up services for Midwives by written or oral agreement. (If yes, please provide written description of these activities.) Yes No

3. I perform Second Trimester Abortions. Yes No
4. I perform Home Deliveries. Yes No
5. I perform Birthing Room Deliveries (other than in the hospital). Yes No
If yes, indicate location. _____
6. I administer sedation in the course of my practice. Yes No
7. I perform cosmetic procedures. Yes No

SIGNATURE OF APPLICANT

DATE

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

NAME