



ORTHOPAEDIC TECHNOLOGISTS INSURANCE PURCHASING GROUP
APPLICATION FOR ORTHOPAEDIC TECHNOLOGISTS
PROFESSIONAL LIABILITY INSURANCE
(Claims Made Basis)

1. APPLICANT INFORMATION

- a. Full name of applicant: _____
- b. Mailing address: _____
(Street)

(City) (State) (Zip) (County)
- Phone No.: _____ Email Address: _____
- c. Date of Birth: _____ Social Security No.: _____
- d. Are you practicing as an: Orthopaedic Technologist _____ Orthopaedic Technologist - Surgery _____
- e. Number of years experience as an: Orthopaedic Technologist _____ Orthopaedic Technologist - Surgery _____
- f. Educational Institutions that you have attended for Orthopaedic Technologist (or related) Training:
- | <u>Name and City, State</u> | <u>Years of Training</u> | | <u>Degree or Certification Attained</u> |
|-----------------------------|--------------------------|----------|---|
| _____ | From _____ | To _____ | _____ |
| _____ | From _____ | To _____ | _____ |
- g. Estimated annual caseload number in which you are involved: Adult _____ Pediatric _____
- h. Your duties are performed under the supervision of (e.g. physician, surgeon, physician assistant, other - describe): _____

- i. Please list all states and any foreign countries where you provide service: _____

- j. Please give the approximate percentage of total service time spent in the following locations:
- | | | |
|--------------------------------|---|----------------------------------|
| _____ % Outpatient Clinic | _____ % Operating Room | _____ % Hospital Ward (specify): |
| _____ % Surgery Center | _____ % Emergency Dept. of Hospital | _____ |
| _____ % Other (specify): _____ | _____ % Physician Office (specify specialty): | _____ |
- k. Please indicate the approximate division of your patients or clients among:
- | | | |
|--------------------------------|---------------------------------|--------------------------|
| _____ % Surgical | _____ % Physical Rehabilitation | _____ % Other (specify): |
| _____ % Other (specify): _____ | _____ | _____ |

2. CLAIMS/HISTORY

If "Yes" to any of the questions below, attach a detailed explanation.

- a. Have you been reprimanded or the subject of investigatory or disciplinary actions or proceedings of any kind? Yes No
- b. Has any insurance company ever canceled, non-renewed or declined to accept your professional liability insurance? Yes No
- c. Have you been convicted for an act committed in violation of any law or ordinance other than traffic offenses? Yes No

