

AMERICAN HOME ASSURANCE COMPANY

~~Administrative Offices: 175 Water Street, 18th Floor, New York, NY 10038~~ 1271 Ave of the Americas FL 37 New York, NY 10020-1304

(A capital stock company, herein called the Company)

PSYCHOANALYSTS PROFESSIONAL LIABILITY INSURANCE

RENEWAL APPLICATION NEW YORK

All questions must be answered completely. If answer to any question is NONE or NOT APPLICABLE, so state. The application must be signed and dated by applicant.

Renewal Policy Number: _____ Renewal Effective Date: _____

I. GENERAL INFORMATION

1. (a) Name of Applicant _____

(b) Address: _____
No. Street. Town County State Zip Code
(If more than one location, list on separate sheet and attach to application)

(c) Business Phone: () _____ No. of hours of Practice Each Week _____
Area Code Number

2. (a) Coverage Desired (Check One):

- Individual
- Partnership
- Professional Corporation (Incorporated as a P.C., P.A. or L.L.C.)

3. (a) Requested Limits of combined Professional and Premises Liability (Check One). (Note: These are overall limits, not separate limits for each person covered). (Limits of Liability apply to each wrongful act or series of continuous, repeated or interrelated wrongful acts or occurrence/aggregate):

- ~~\$ 250,000 each incident/ \$ 750,000 annual aggregate~~ **Indiana Residents Only**
- ~~\$ 500,000 each incident/ \$1,500,000 annual aggregate~~ **Pennsylvania Residents Only**
- \$1,000,000 each incident/ \$1,000,000 annual aggregate
- \$1,000,000 each incident/ \$3,000,000 annual aggregate
- \$1,300,000 each incident/ \$3,900,000 annual aggregate **New York Hospital Affiliation Only**
- \$2,000,000 each incident/ \$4,000,000 annual aggregate
- \$2,000,000 each incident/ \$6,000,000 annual aggregate
- \$3,000,000 each incident/ \$5,000,000 annual aggregate
- \$5,000,000 each incident/ \$5,000,000 annual aggregate

(b) Optional Coverages:

Note: Your policy may already provide lower limits of these coverages at no charge. These are overall limits for each coverage, not separate limits for each person covered. Please check limit desired:

Corporate Identity Protection:	Billing E&O Claim Expense	HIPAA Defense Coverage	Administrative Hearing Defense
<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$10,000
<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$50,000		<input type="checkbox"/> \$25,000
<input checked="" type="checkbox"/> \$100,000			<input type="checkbox"/> \$50,000

II. PRACTICE PROFILE

1. Procedures - Check the box next to the procedure(s) you perform:

- Electro-Convulsive Therapy (ECT), **if checked you must complete 2.**
 Group Therapy
 Other Somatic Procedure(s) (Please describe) _____

2. In the past year, have you prescribed or administered ECT? Yes No

If yes, complete the following:

- (a) Number of patients prescribed ECT in the last twelve (12) months: _____
 (b) Number of ECT treatments administered in the last twelve (12) months: _____
 (c) Estimated expected number of ECT treatments that will be administered in the next twelve (12) months: _____

3. In the last year, have you hired any other employees excluding clerical? Yes No

Name	Profession	Degree/Year	Licensed As	Practice With Applicant is Full Time/Part Time

4. In the last year, have there been any new (W2 Form) employed psychoanalysts and/or partners? Yes No

Name	School Graduated from/Degree(s) earned/Year earned	Specialty	License Number/Year/State	Hrs. of Practice/Week

NOTE: General medicine services greater than 5% of your practice not directly related to psychiatric or psychoanalytic care is not covered by the policy.

5. New Employees experience – Check the applicable box:

<input type="checkbox"/> 2 years or less	<input type="checkbox"/> More than 5 years but less than 10 years
<input type="checkbox"/> More than 2 years but less than 5 years	<input type="checkbox"/> 10 years or more years
<input type="checkbox"/> 5 years	

6. Is the applicant a member in good standing of a Professional Association? Yes No

Applicant is a member of the following Professional Association(s): (List all)

NOTE: General medical services not directly related to psychiatric or psychoanalytic care is not covered by the policy.

7. Is the applicant engaged in the practice of psychiatry or psychoanalysis other than their own private practice? Yes No

If yes, provide name, city/state and number of above hours at facility.

8. What percentage of the applicant's practice consists of general medical activities with patients other than his or her psychiatric or neurological patients? _____ %

69. How many patients do you treat on an annual basis? _____

710. Do you prescribe medication to your patients as part of your treatment plans? Yes No

~~Do you prescribe opioids to any of your patients?~~ Yes No

If yes, what percentage of your total number of patients on an annual basis do you prescribe medication?

Percentage of Patients Prescribed Medication	Check One
0% to 5%	
6% to 25%	
26% to 40%	
41% to 50%	
Over 50%	

Do you prescribe opioids to any of your patients? Yes No

If yes, under what circumstances do you prescribe opioids? (Explain)

811. Have you completed a Risk Management seminar in the last twelve (12) months? Yes No

If yes, provide a copy of your certificate of completion.

12. Do you have documented risk management and continuing education protocols for all staff? Yes No

13. Do you maintain documentation of patient history, records and procedures? Yes No

14. Do you have documented medical emergency plan in place consistent with the components of a sound medical emergency plan for the psychoanalyst's office, as described by an authoritative healthcare organization or resource? Yes No

15. Do you conduct frequent safety inspections of all work areas or have an office safety program? Yes No

916. Are you providing any utilization review services? Yes No

If yes, provide details. _____

4017. Does your practice in any manner involve Telemedicine? Yes No

If yes, provide details. _____

418. Does your practice involve electronic data or recordkeeping? Not Applicable

If yes, do you have EACH of the following in place?

(a) a person or group responsible for information security Yes No

(b) a virus protection program Yes No

(c) a firewall Yes No

(d) a software update process, including updating patches and anti-virus software Yes No

12. ~~Has Applicant experienced any loss that would be covered under this policy in the past 3 years?~~ Yes No

~~If yes, include date, type and amount of loss:~~ _____

III. REPRESENTATION SECTION

Any policy issued by the company is based on the following representations:

For the following questions, if you respond in the affirmative, please attach a separate sheet of paper with the details to be considered.

1. In the last year has the narcotics license of any person named in Question 4, including yourself, ever been suspended, revoked or voluntarily surrendered or has probation ever been invoked? Yes No

2. *After Inquiry of each individual listed in Section II. Questions 3 & 4 of the practice profile.

* “After Inquiry” means that the applicant has inquired of each person to whether he/she has information pertinent to this question. If you answer yes, please include all documents pertinent to the situation you are describing.

(a) In the last year, has any person named in Section II. Questions 3 & 4 of the practice profile, including yourself, ever been convicted of, or charged with, a crime in any state or country and the disposition of which was other than acquittal or dismissal. Yes No

(b) Has your license ever been suspended, revoked, voluntarily surrendered or subject to probation in any state? Yes No

(c) In the last year, has any person named in Section II. Questions 3 & 4 of the practice profile, including yourself, ever had any insurance company or Lloyd’s syndicate decline, cancel, refuse to renew or accept only on special terms, any professional liability insurance? Yes No

NOTE: MISSOURI APPLICANTS DO NOT RESPOND.

(d) In the last year, has any professional liability claim or suit ever been made against any person named in Section II. Questions 3 & 4 or employed physician and/or partners, including yourself, their predecessors in business or against any past or present partner(s)? Yes No

(e) In the last year, are there any circumstances of which any person named in Questions 3 & 4 of the practice profile, including yourself, is aware of which may result in any professional liability claim or suit being made against any person named in Questions 3 & 4 of the practice profile, their predecessors in business or against any past or present partner(s)? Yes No

(f) Has applicant had a foreclosure, repossession, bankruptcy or filed for bankruptcy during the last five (5) years? Yes No

<u>Occurrence Date</u>	<u>Explanation</u>	<u>Resolution</u>	<u>Resolution Date</u>

3. If a policy is issued, please forward a Certificate of Insurance to the following entity:

I HEREBY DECLARE THAT THE FOREGOING STATEMENTS ARE TRUE AND ACCURATE AND MAY BE RELIED UPON BY THE COMPANY/UNDERWRITER FOR PURPOSES OF ISSUING THIS COVERAGE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY

NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

~~FOR MAINE APPLICANTS ONLY: THE UNDERSIGNED DECLARES TO THE BEST OF HIS OR HER KNOWLEDGE THAT THE STATEMENTS SET FORTH HEREIN ARE ACCURATE, TRUE AND COMPLETE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS.~~

~~FOR UTAH APPLICANTS ONLY: THE APPLICATION AND ALL RELEVANT DOCUMENTS WILL BE ATTACHED TO THE POLICY AT THE TIME OF DELIVERY.~~

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

FRAUD WARNINGS

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

~~NOTICE TO ALABAMA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.~~

~~NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: 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 FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.~~

~~NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.~~

~~NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.~~

~~NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.~~

~~NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED WITH KNOWLEDGE OR BELIEF THAT IT WILL BE~~

~~PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIAL FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.~~

~~**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.~~

~~**NOTICE TO LOUISIANA APPLICANTS:** 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 FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.~~

~~**NOTICE TO MAINE APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.~~

~~**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.~~

~~**NOTICE TO MINNESOTA APPLICANTS:** A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.~~

~~**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.~~

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

~~**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.~~

~~**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).~~

~~**NOTICE TO OREGON APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE GUILTY OF A~~
76523 (1/18) 123022(2-22)

~~FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.~~

~~**NOTICE TO PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.~~

~~**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.~~

~~**NOTICE TO VERMONT APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.~~

Applicant's Signature: _____ Date: _____

Title: _____

Agent's/Producer's Signature: _____

License #: _____