SHAND MORAHAN & COMPANY, INC.
MARKEL
Shand Morahan Plaza, Evanston, Illinois 60201
(847) 866-2800 Fax (847) 866-0866
Underwriting Manager - A Markel Company

APPLICATION FOR CLINICS (MEDICAL, PUBLIC HEALTH, DENTAL, ETC.) PROFESSIONAL LIABILITY INSURANCE

(Claims Made Basis)

APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. Please do not complete application earlier than 45 days before proposed effective date of coverage.
4. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.

(PLEASE TYPE OR PRINT IN INK)

1. APPLICANT INFORMATION

a. Full name of Applicant:

b. Principal Business Address:

c. Coverage Requested: Limit _____ (each claim _____ (agg.)
Deductible_____

d. [ ] Professional Corporation (for profit [ ] Partnership
[ ] Professional Corporation (non-profit) [ ] Professional Association
[ ] Other (describe) _____

e. Date established:

f. Number of Employees: Full time _____ Part time _____ Seasonal _____ Total _____

g. Business, corporate or partnership name:

h. Name of all partners or members of the firm who provide professional services:

i. Professional societies or associations in which you are a member:

j. Please attach a copy of letterhead or other business stationery.

2. OPERATIONS

a. States Clinics are registered and licensed to practice:

If none, please explain.

c. Do you maintain any beds for overnight occupancy? [ ] Yes [ ] No

If yes, also complete application form SM 271 or SM 686

b. Clinics professional specialty:

d. Total sq. ft. that you occupy (all locations):

e. Division of patients or clients:

(i)	Hemodialysis	_____%	(vii)	Psychiatric	_____%	(xiii)	Bariatrics	_____%
(ii)	Holistic Medicine	_____%	(viii)	Drug Addicts	_____%	(xiv)	Physical Rehabilitation	_____%
(iii)	Surgical	_____%	(ix)	Alcoholics	_____%	(xv)	Disability Evaluation	_____%
(iv)	Stress Testing	_____%	(x)	Obstetrical	_____%	(xvi)	Research or Experimental	_____%
(v)	Communicable	_____%	(xi)	Dental	_____%	(xvii)	Other _____	_____%
(vi)	Family Planning	_____%	(xii)	Pediatric	_____%		_____	100%