MEDEFENSE™ Plus / e-MD™ writeNOW!
PROGRAM APPLICATION

Section One – Applicant Information

1. Name of Applicant: ______________________________
   (as it should appear on the policy)

Mailing Address: ______________________________

City: ____________________ State: __________ Zip Code: __________

Phone: ____________________ Email: ____________________

Web Site: ____________________ No. of years in business: __________

Number of Full Time Equivalent Physicians to be covered under policy: __________

For questions 2-9, if the answer is "Yes", coverage cannot be bound as per the terms and conditions of this program. If you desire an indication outside the program, please provide the details for the "Yes" answers.

2. Have you acquired any practices in the last 5 years? ☐ **Yes** ☐ **No**
3. Do you handle billings for any hospitals or provider services not provided by your medical group? ☐ **Yes** ☐ **No**
4. Does the Group's Gross Annual Revenue from Federal and State health care programs, such as Medicare and Medicaid, exceed an average of $1,000,000 per each physician in your group? ☐ **Yes** ☐ **No**
5. Has the entity or any physician in your group ever been investigated or sanctioned by any local, state or federal government or agency regarding the delivery of healthcare services or reimbursement thereof? ☐ **Yes** ☐ **No**
6. Has the entity or any physician in your group ever had to refund amounts to Public and/or Private payers in excess of $10,000? ☐ **Yes** ☐ **No**
7. Has the entity or any physician in your group ever been audited or investigated with regard to Medicare/Medicaid billing practices or utilization of Medicare/Medicaid services? ☐ **Yes** ☐ **No**
8. Has the entity or any physician in your group ever been accused of errors by any government agency or commercial payer? ☐ **Yes** ☐ **No**
9. Does the Applicant have knowledge of any specific claims or facts, circumstances, situations, events or transactions (for the past 5 years) that may result in a claim which may be covered by the proposed policy? ☐ **Yes** ☐ **No**

For questions 10-15, if the answer is "No, coverage cannot be bound as per the terms and conditions of this program. If you desire an indication outside the program, please provide the details for the "No" answers.

10. Do the entities and/or persons who perform billing services for you comply with standardized billing procedures? ☐ **Yes** ☐ **No**
11. Are you HIPAA compliant? ☐ **Yes** ☐ **No**
12. Does your company employ firewall protection? ☐ **Yes** ☐ **No**
13. If you store personal information on portable devices, is such data encrypted to industry standards? ☐ **Yes** ☐ **No**
14. Does your company use anti-virus software on all desktops / portable devices and mission critical servers, and is it updated in accordance with the software provider's recommendations. ☐ **Yes** ☐ **No**
15. Does your company have a formal process to disable or restrict access to information systems upon termination of employees? ☐ **Yes** ☐ **No**

For question 16, if the answer is "Yes", coverage cannot be bound as per the terms and conditions of this program. If you desire an indication outside the program, please provide the details for the "Yes" answer.

16. Has the applicant received any complaints, claims or been subject to litigation involving matters of privacy, injury, identity theft, denial or service attacks, computer virus infections, theft of information, damage to third party networks or the Applicant's customer's ability to rely on the Applicant's network.? ☐ **Yes** ☐ **No**

Section Two – Coverage Selection (*Check coverage desired)*:

	Coverage	Limit	Retention
________	**Standalone** Medefense™ Plus (P1818MPB-0109) *- includes a 25% co-payment, that is waived for use of panel counsel -*	$1,000,000	$1,000
________	**Standalone** e-MD™ (P1818EMD-0410)		
	▪ Network Security & Privacy	$1,000,000	$1,000
	▪ Patient Notification & Credit Monitoring Costs	$100,000	10% Co-insurance
	▪ Data Recovery Costs	$100,000	$500
	▪ Regulatory Fines & Penalties	$50,000	$1,000
________	**Combined** MEDEFENSE™ Plus and e-MD™ (Discounted Rate) (P1818C-0710)		
	▪ MEDEFENSE™ Plus Regulatory Proceedings Insurance including Fines & Penalties *- includes a 25% co-payment, that is waived for use of panel counsel -*	$1,000,000	$1,000
	▪ Network Security & Privacy	$1,000,000	$1,000
	▪ Patient Notification & Credit Monitoring Costs	$100,000	10% Co-insurance
	▪ Data Recovery Costs	$100,000	$500

Requested effective date (no backdating): ____________________

Section Three – Notice to the Applicant

A. The Applicant represents to the best of its knowledge and belief that the statements set forth herein are true and complete.

B. The Applicant agrees that after receipt of the completed application form, underwriters have two working days to either confirm or deny coverage. It is also agreed this application shall be the basis of insurance and will be attached to and made part of the policy should a policy be issued.

C. The Applicant further represents that if the information supplied on this application changes between the date of the application and the inception date of the policy period, the applicant will immediately notify the underwriter of such a change, and the underwriter may modify or deny coverage.

Signed: ____ Date: ____________________

Authorized signature of a Principal or Officer
Must be signed and dated no more than 45 days prior to binding)

Print Name: ____ Title: ____________________