

**FLORIDA HEALTH PROFESSIONALS
LEGAL EXPENSE INSURANCE, INC.**

Application for Medical Malpractice Legal Defense Expense Insurance Policy

Please Print

I. POLICYHOLDER INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Suffix: _____ License Number: _____ Social Security Number: _____

Practice Name: _____ Specialty: _____

Primary Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Telephone Number: (____) _____ Primary Facsimile Number: (____) _____

E-Mail Address: _____ Date of Birth: _____

II. PROFESSIONAL INFORMATION

A. Please provide the name and address information for each facility and other affiliations that you currently hold courtesy, staff, or other privileges:

<u>Facility/Hospital Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Privilege Type</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B. Please provide the names of all medical, professional or association memberships:

<u>Medical Memberships</u>	<u>Professional Memberships</u>	<u>Association Memberships</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Please describe in detail the nature of all procedures and techniques that you currently perform or intend to perform within the next 12 months whether it is office, hospital, surgical center, or other facility environment. If you perform surgery, indicate the number of procedures performed as the primary and/or assisting surgeon. Indicate the level of office surgery procedures you perform, if applicable. Use a separate sheet if necessary.

III. DISCIPLINARY ACTIONS (Please circle your response to the following questions. If you answer "Yes" to any of these questions, you must provide a detailed explanation on a separate sheet. Please be sure to indicate the final outcome of any proceeding, including the amount of fines or penalties paid.)

A. Within the last ten (10) years, have you ever had any staff privileges denied, suspended, revoked, restricted or asked to resign from any facility? Yes or No

