

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

Application for Peer Review and Fair Hearing Legal Defense 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>

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
- B. Within the last ten (10) years, have you ever had any sanctions taken against you or received notice of termination as a supplier of services by a specialty board, Medicare, Medicaid, or OSHA? Yes or No
- C. Within the last ten (10) years, have you ever been notified to appear before any licensing agency for a hearing on a complaint of any nature? Yes or No
- D. Within the last ten (10) years, have you ever had any professional license revoked, suspended, placed on probation, received a citation, or other disciplinary action taken in any state or country? Yes or No

- E. Within the last ten (10) years, have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime (misdemeanors and felonies) in any jurisdiction? Yes or No
- F. Within the last ten (10) years, have you ever been criminally or civilly charged with any intentional or negligent action related to the use or misuse of drugs, alcohol, or illegal chemical substances? Yes or No
- G. Within the last ten (10) years, have you ever been warned or called before the U.S. Drug Enforcement Agency (including the revocation or suspension of a DEA registration)? Yes or No
- H. Within the last ten (10) years, have you ever had a liability claim or action for personal injury settled or adjudicated? Yes or No
- I. Are you currently subject of a lawsuit, insurance claim, investigation or institutional peer review and/or fair hearing arising from your professional activity? Yes or No
- J. Is there reason to believe you will be subject to a lawsuit, insurance claim, investigation or review by a medical review committee for errors, acts, negative outcomes or omissions whether directly or indirectly involved in patient care? Yes or No

IX. PROFESSIONAL LIABILITY INSURANCE

Please identify your current professional liability insurance carrier and the limits of the policy. If your are self-insured, please check this box . _____

X. AFFIDAVIT

- I agree that the information contained herein is being relied upon in consideration for this application for legal expense insurance.
- I declare, under the penalty of perjury, that these statements are true and correct.
- I have not withheld or misstated any information contained in this application.
- I further recognize that any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

XI. SIGNATURE

Signature Printed Name Date

Please return this completed form and any supporting documentation to FHPLEI, Inc.

For Office Use Only

Fl. Licensed Insurance Agent Name (Please print): Mr. Les Hemmer

Lic. #: A116035