623 SW 10th Avenue
Topeka, Kansas 66612
800-232-2259
www.KAMMCO.com

Healthcare Facility Professional Liability and General Liability Application

Renewal

Facility Name: _____

_____

_____

_____

Address: _____

_____

Renewal Date: _____ Expiring Policy Number: _____

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1. Limits of Insurance:

   Are any changes to the expiring limits desired? ☐ Yes ☐ No

   If yes, describe below:

   _____

   _____

2. Statistics:

   Census Data: From: _____ To: _____

Inpatient	Licensed Number	Patient Days
Facility Days – Acute		
Facility Days – Swing Bed		
Extended Care		
Psychiatric		
Bassinets		

Outpatient	Number
Emergency Room Visits	
Home Health Visits	
Psychiatric Visits	
Outpatient Surgeries	
Outpatient Visits (lab, x-ray, other services)	

Other	Number
Live Births	
Still Births	
Units of Blood	
Total Patient Admissions	

3. Special Events:

Describe any special events sponsored by the facility, e.g., carnivals, athletic events, tournaments, etc.

_____

_____

4. Premises Information:

Describe any changes made to the facility's premises, e.g., additions, new purchases, disposal of property, new parking, property donated to the facility, etc.

_____

_____

_____

5. Additional Insureds:

List any new additional insureds to be considered.

_____

_____

_____

6. New Services:

Does the facility have plans for any new services or operations? ☐ Yes ☐ No

Does the facility plan to discontinue any services currently being offered? ☐ Yes ☐ No

If yes to either, describe below:

_____

_____

_____

7. Organization:

Has the facility made any changes to the organizational structure, e.g., mergers, acquisitions, subsidiaries, etc.? ☐ Yes ☐ No

If yes, describe below:

_____

_____

_____

8. Contracts:

Has the facility been involved in any new contracts that include a transfer of liability or hold harmless agreement? ☐ Yes ☐ No

If yes, describe below:

_____

_____

_____

9. Email Addresses:

a. Administrator Name - _____

Email - _____

b. Risk Manager Name - _____

Email - _____

_____ _____

Signature Date

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Authorization to Release Information

The undersigned applicant for insurance hereby authorizes applicant's present and prior professional liability insurance carriers, and any and all attorneys who have represented the undersigned in connection with any claim of professional liability, to release to the KAMMCO, upon its request, information regarding closed, pending, or anticipated claims and any underwriting or other information which, in the judgment of any such carrier, attorney, or the KAMMCO, may have a bearing upon applicant's acceptability to the KAMMCO as a professional liability insurance risk.

The undersigned also authorizes all medical associations and medical societies in which applicant is, or has been, a member; all hospitals in which applicant now holds, or has held, staff privileges; any state licensing board or licensing agency in any state which applicant has practiced; or any other similar agency in any state in which applicant has practiced or resided; and any and all physicians having information regarding the undersigned, to release to the KAMMCO, upon its request, any information any such person or entity may have which, in the judgment of any such person or entity or the KAMMCO, may have a bearing upon applicant's acceptability to the KAMMCO as a professional liability insurance risk.

The undersigned hereby releases and agrees to hold harmless all persons or organizations releasing the information described above, their agents, servants, and employees and the KAMMCO, its directors, officers, employees, agents, and members from any liability arising out of the release, or use, of any information released, or furnished, pursuant to the authorization, notwithstanding the fact that there may be errors, omissions, or mistakes contained in such released information.

The undersigned further agrees that the KAMMCO and all persons and organizations described above may rely upon a photocopy of this Authorization, which shall be of equal validity with the signed original.

Signed: _____ Address: _____

Date: _____ _____

Please return application by email to underwriting@kammco.com or by fax to 785.232.4704.
If you work with a KAMMCO agent, please submit directly to your agent.