

THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY. THIS APPLICATION IS NOT A BINDER.

This application for MEDEFENSE® Plus Insurance is intended to be used for the preliminary evaluation of a submission. When completed in its entirety, this application will enable the Underwriter to decide whether or not to authorize the binding of insurance. Please type or print clearly and answer all questions. If space is insufficient to answer any question fully, attach a separate sheet. Complete all required supplemental forms/applications. "You" and "Your", as used in this application, means the Applicant.

1. GENERAL INFORMATION

Name of Primary Applicant:

Business Address:

Phone:

2. ADDITIONAL ENTITIES / MATERIAL CHANGES

Names of all additional entities seeking coverage under the policy. Include each entity's description of operations and relationship to you, including any percentage of ownership.

Have you acquired any subsidiaries, affiliated companies or entities in the past 12 months?

☐ Yes ☐ No

Has your name changed, or has any merger or consolidation taken place, in the past 12 months?

☐ Yes ☐ No

If "Yes", provide details on a separate page.

3. WEBSITES / DOMAINS

List all websites/domains owned/operated by all entities seeking coverage:

4. CONFIRMATION OF ENTITIES

This Application is reflective of the total exposure for all entities seeking coverage, both previously existing and any acquired in the past 12 months, including revenues, records, controls, vendors and loss history.

☐ Yes ☐ No

5. TOTAL GROSS REVENUES

a. Current Full Fiscal Year:

\$

b. Last Completed Fiscal Year:

\$

6. BILLING AND COMPLIANCE

a. Your annual projected billings: \$

b. Has your billing compliance or HIPAA compliance program changed since last year?

☐ Yes ☐ No

c. Do you bill all services under the National Provider Identifier (NPI) of the individual who performed the service? If "No", in instances where a mid-level provider's services are billed under a physician's NPI, is that physician present when the services are being rendered?

☐ Yes ☐ No

☐ Yes ☐ No

7. REGULATORY LOSS HISTORY

If the answer to any question in 7.a. through 7.b. below is "Yes", please provide details for each claim, allegation or incident.

a. In the past 12 months, have you, any member of your staff, any other person or entity proposed for this insurance, any consultant, or any person or entity for whom you perform billing services:

(1) had to refund amounts to government (public) and/or commercial (private) payer?

☐ Yes ☐ No

i. If "Yes", were refunds greater than or equal to 2% of gross annual billings?

☐ Yes ☐ No

ii. If "Yes", were these refunds due to an audit, allegation of improper billing or voluntary self-disclosure?

☐ Yes ☐ No

iii. If "No" to a.(1)ii. above, were these refund amounts routine in nature?

☐ Yes ☐ No

(2) received any billing errors proceeding, demand for restitution or notice of any regulatory investigation, inquiry or action involving actual or potential billing errors or HIPAA, EMTALA or Stark violations?

☐ Yes ☐ No

b. Have you notified Tokio Marine HCC of all claims, suits, demands, investigations or inquiries received in the past 12 months?

☐ Yes ☐ No

☐ None to Report

If "No", forward complete details to Tokio Marine HCC immediately.

NOTICE TO APPLICANT

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

The Applicant hereby acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by claim expenses and, in such event, the Insurer shall not be liable for claim expenses or any judgment or settlement that exceed the limit of liability.

I HEREBY DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact, and that I agree that this application shall be the basis of the contract with the Underwriters.

CERTIFICATION, CONSENT AND SIGNATURE

The Applicant has read the foregoing and understands that completion of this application does not bind the Underwriter or the Broker to provide coverage. It is agreed, however, that this application is complete and correct to the best of the Applicant's knowledge and belief, and that all particulars which may have a bearing upon acceptability as a *MEDEFENSE*® Plus Insurance risk have been revealed.

By signing below, the Applicant consents to the Insurer conducting non-intrusive scans of the Applicant's internet-facing systems / applications for common vulnerabilities.

It is understood that this application shall form the basis of the contract should the Underwriter approve coverage, and should the Applicant be satisfied with the Underwriter's quotation. It is further agreed that, if in the time between submission of this application and the requested date for coverage to be effective, the Applicant becomes aware of any information which would change the answers furnished in response to any question of this application, such information shall be revealed immediately in writing to the Underwriter.

This application shall be deemed attached to and form a part of the Policy should coverage be bound.

Must be signed by an officer of the company.

Print or Type Applicant's Name

Title of Applicant

Signature of Applicant

Date Signed by Applicant

California Fraud Warning

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.