

PROFESSIONAL LIABILITY INSURANCE APPLICATION

Broker ID# _____ (internal use only)

Self-Employed Optometrist's Professional Liability

HOW TO APPLY:

1. Complete application below.
2. Note the premium below for the policy you selected.
All premiums are annual.
3. Return your completed application, along with your annual premium, to the address provided.

All coverages elected must be under the same policy limits. Coverage is effective the date your application is approved and payment is received. Please allow three to four weeks for delivery of your certificate. **Please print or type all information.** Visit www.proliability.com for more information and to view available professions for applying online.

CALIFORNIA, FLORIDA, GEORGIA, NEW MEXICO & NEW YORK RESIDENTS:
DO NOT COMPLETE THIS APPLICATION. PLEASE CONTACT ADMINISTRATOR FOR CORRECT APPLICATION.

1. APPLICANT INFORMATION (Applicant Must Complete)

LAST NAME	FIRST NAME	INITIAL
BUSINESS/CORPORATE NAME/DBA/YOUR NAME, IF NOT INCORPORATED (COMPLETE ONLY IF YOU OWN THE BUSINESS)		
NAMES OF OWNERS, PARTNERS AND CORPORATE OFFICERS WHO ARE ACTIVE IN THE BUSINESS AND THEIR PROFESSIONAL OCCUPATION (BUSINESS APPLICANTS ONLY)		
PHYSICAL STREET ADDRESS	CITY	STATE ZIP
BUSINESS PHONE	FAX #	HOME PHONE# E-MAIL ADDRESS
DATE OF BIRTH	SOCIAL SECURITY #	MEMBER I.D. #

2. SELF-EMPLOYED INDIVIDUALS AND BUSINESS APPLICANTS

If you have employees or independent contractors, you must complete this section.
You must pay a premium for each optometrist owner within your firm.

Full-time is more than 20 hours per week. Part-time is 20 hours or less per week.

Professional Liability – Named Insured

Optometrist owner(s) Full-Time Rate	() x \$___ = \$_____	() x \$___ = \$_____
Optometrist owner(s) Part-Time Rate	() x \$___ = \$_____	() x \$___ = \$_____
Optometrist owner(s) 1st Year Graduate (Individuals Only)	() x \$___ = \$_____	() x \$___ = \$_____
OTHER _____ (Please specify and contact administrator for appropriate premium)	() x \$___ = \$_____	() x \$___ = \$_____

Your must pay a premium for each employee within your firm.

Optometrist employee(s) Full-Time Rate	() x \$___ = \$_____	() x \$___ = \$_____
Optometrist employee(s) Part-Time Rate	() x \$___ = \$_____	() x \$___ = \$_____
Optometrist employee(s) 1st Year Graduate	() x \$___ = \$_____	() x \$___ = \$_____

BE SURE TO COMPLETE ALL PAGES AND SIGN

S.C. LW

PLSE-AOA

TERRITORY 2

Colorado, Illinois (excluding Cook County), Massachusetts (excluding Norfolk & Suffolk Counties), Michigan (excluding Wayne County), Minnesota, Missouri, Nevada, New Jersey (excluding Camden, Hudson, Essex, Union & Mercer counties), Pennsylvania (excluding Philadelphia County), Texas (excluding Dallas & Harris Counties)

TERRITORY 2 – LIMITS & ANNUAL PREMIUM RATES

\$2,000,000 per incident	\$1,000,000 per incident
\$4,000,000 annual aggregate	\$3,000,000 annual aggregate
Full-Time \$717 per Optometrist	Full-Time \$613 per Optometrist
Part-Time or 1st Year Graduate Optometrist \$538	Part-Time or 1st Year Graduate Optometrist \$460

TERRITORY 3

Illinois (Cook County), Louisiana, Massachusetts (Norfolk & Suffolk Counties), New Jersey (Camden, Hudson, Essex, Union & Mercer Counties), Pennsylvania (Philadelphia County), Texas (Dallas & Harris Counties)

TERRITORY 3 – LIMITS & ANNUAL PREMIUM RATES

\$2,000,000 per incident	\$1,000,000 per incident
\$4,000,000 annual aggregate	\$3,000,000 annual aggregate
Full-Time \$1,143 per Optometrist	Full-Time \$977 per Optometrist
Part-Time or 1st Year Graduate Optometrist \$857	Part-Time or 1st Year Graduate Optometrist \$733

TERRITORY 4

Connecticut, Michigan (Wayne County), District of Columbia

TERRITORY 4 – LIMITS & ANNUAL PREMIUM RATES

\$2,000,000 per incident	\$1,000,000 per incident
\$4,000,000 annual aggregate	\$3,000,000 annual aggregate
Full-Time \$2,015 per Optometrist	Full-Time \$1,722 per Optometrist
Part-Time or 1st Year Graduate Optometrist \$1,511	Part-Time or 1st Year Graduate Optometrist \$1,292

I understand that I am not covered by this insurance if I am any of the following or employ any of the following: physician (EXCLUDING OPTOMETRIC PHYSICIAN), surgeon, dentist, sonographer, colon therapist, nurse midwife, chiropractor, podiatrist, osteopath, nurse anesthetist, cytotechnologist, electroneurodiagnostic technologist, perfusionist or psychiatrist. I understand that these professional occupations are excluded from coverage. I understand that this insurance will not apply to any partner, principal or owner of a residential/overnight facility. The insurance described herein is subject to the terms, conditions and exclusions of the insurance certificate. The insurance is excess when other insurance applies to a loss.

In order to enhance the stability of this professional liability insurance program, coverage has been organized through a purchasing group, pursuant to legislation, known as the Federal Liability Risk Retention Act of 1986, enacted by Congress. Coverage is provided to the purchasing group by the Chicago Insurance Company, one of The Fireman's Fund Insurance Companies. Once the completed application has been approved and the premium has been received, you will automatically become a member of the Allied Health Purchasing Group Association, located and domiciled in Illinois and obtain the insurance coverage afforded through the Group Policy on an annual term.

This application is subject to the underwriter's approval. Your completion of this application and premium payment does not bind coverage or obligate the insurance company to issue you insurance coverage. Coverage will become effective following the receipt of your acceptable application and premium payment. Your application cannot be processed unless it is completed in its entirety. The application is subject to the company's underwriting rules.

I declare the information contained in the application is true and that no material facts have been suppressed or misstated. I understand that incorrect information could void protection. 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.

YOU MUST SIGN AND DATE THIS APPLICATION

Signature _____ Date _____

Enclosed is my check for \$ _____ Effective Date Desired* _____

Make check payable to Seabury & Smith/Marsh and return your check and this application in the envelope provided.

*May not be earlier than the date the administrator receives and approves this application.

I authorize Seabury & Smith/Marsh to charge my: VISA MasterCard Amount \$ _____

Credit Card Number _____ Expiration Date _____

Print name exactly as it appears on card _____

BE SURE TO COMPLETE ALL PAGES AND SIGN 

Administrator:

MARSH

Affinity Group Services
a service of Seabury & Smith
Joan F. O'Sullivan, Licensed Agent
75 Remittance Drive, Suite 1788
Chicago, IL 60675-1788
1-800-503-9230
www.proliability.com

CA-0633005

Underwritten by:

Chicago Insurance Company
One of the Fireman's Fund Insurance Companies®



Note: This is only a summary of the insurance certificate provisions. If any conflict exists with the actual insurance certificate, the terms of the insurance certificate control.

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Transparency and Disclosure

Thank you for expressing your interest in the professional liability plans administered through Marsh Affinity. In order to place insurance with insurers, Marsh typically enters into agreements commonly called "agency agreements" which authorize Marsh Affinity to solicit the sale of the insurers' products and sets forth the terms of trade between Marsh Affinity and the insurers.

As part of Marsh Affinity's best practice we are disclosing the following information regarding our compensation on your professional liability policy.

If you elected to complete your application and the application is approved by underwriting and issued by the carrier, Marsh Affinity will be compensated 27.5% based on your total premium. The base rate filed by the carrier with the applicable state agencies is the same rate provided to you.

Illinois Only

Illinois Medical Professional Liability Law PA94-677, Senate Bill 475, requires insurers to implement a quarterly premium payment installment plan as prescribed by the Secretary of the Illinois Department of Financial and Professional Regulation (IDFPR).

If you practice in the state of Illinois and your annual medical professional liability premium is above \$500, please visit www.proliability.com/illinstall for information regarding installment payment options.

10/3/06



Professional Liability Insurance

Now that's an Advantage!

Insuring your career has never been easier. This Plan offers you a complete package that provides outstanding coverage designed specifically for optometrists like you. It gives you the kind of advantages you need in today's competitive business environment.

Professional Liability Insurance

The Professional Liability Insurance protects you against claims arising from real or alleged errors or omissions, including negligence, in the course of your professional duties. Because this is "occurrence form" coverage, you are protected even after your insurance certificate has expired, if the covered incident happened while the insurance certificate was in force.

Having a Professional Liability Insurance Plan is extremely beneficial. With your own liability plan you are doing your best to make sure that you will be covered when you need it most. Without coverage you could be faced with the expense of a lawsuit.

Competitive Rates

You pay only for the principals, employees or additional insureds in your business. There is no extra premium charge to cover your business.

There is no charge for clerical employees. All owners, partners or other principals are provided coverage for all covered optometric services performed in conjunction with the business and for moonlighting activities as an optometrist.

High Level Liability Limits

Select the coverage limits that suit your needs-up to \$2,000,000 per incident, \$4,000,000 annual aggregate. Each professional has their own limit of liability.

Legal Fees and Court Costs

When a covered claim is brought against you, your legal fees and court costs are paid in addition to your liability limit. Plus, you can collect lost wages if you are required to be away from your practice – up to \$10,000 – because you are required by the Company to appear in court due to a claim or lawsuit filed against you. The Plan even pays your "reasonable expenses" when you are required to be in court (hotel, transportation, etc.).

Professional Boards or Organizations

Covers you for the performance of services as a member of a formal accreditation, ethics, peer review, licensing, standards review or similar professional board or committee, professional for-profit or not-for-profit organization in the conduct of your business or professional practice.

Defense Reimbursement for Regulatory Boards

Reimburses up to \$5,000 per incident/\$10,000 annual aggregate for legal costs when you must defend yourself before any entity responsible for regulating your professional conduct.

Additional Features

- For qualified group practices, a premium credit is available. Credits range from 4% to 12% depending on the number of professionals in the group.
- Expense reimbursement, up to \$5,000 for legal representation for depositions related to your professional duties is included. This coverage applies when you are not named in a claim but are required to be deposed, for instance, as a witness to the event.
- For group coverage plans, each professional member of the group will have a separate limit of liability.
- Managed Care contracts are specifically addressed by your certificate; if you assume liability in a contract, you will be covered for negligent acts for which you are solely responsible.
- Damage to the Property of Others is included up to \$500 annual aggregate for individually insured professionals.
- First Aid Reimbursement and Assault coverages are also included.

The Professional Liability Insurance package offers competitive premium rates for employed optometrists, self-employed optometrists and their employees.

With more and more insurers pulling out of the optometry marketplace, Marsh Affinity Group Services is proud to present you with this insurance program backed by a strong, stable and experienced insurer, Chicago Insurance Company, one of The Fireman's Fund Insurance Companies.

This information is a brief summary. For details, or more information on terms, conditions, limitations and any exclusion, please contact:

Administrator:

MARSH

Affinity Group Services
a service of Seabury & Smith

75 Remittance Drive, Suite 1788
Chicago, IL 60675-1788

1-800-503-9230
www.proliability.com
CA-0633005

Coverage is underwritten by:

Chicago Insurance Company,
one of The Fireman's Fund Insurance Companies.

If there is a conflict between this brochure and the actual insurance certificate, the insurance certificate language will control.

This plan may not yet be available in all states.

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