

CATLIN UNDERWRITING AGENCY, US
1330 POST OAK BLVD., SUITE 2325
HOUSTON, TX 77056

INDIVIDUAL RENEWAL UPDATE

INSTRUCTIONS: Please complete all sections and sign. If a section does not apply, please indicate by answering "N/A" as appropriate. Attach additional sheets as needed.

I. IDENTIFYING INFORMATION

Named Insured and Address: _____

Policy Number: _____

Specialty: _____

II. PRACTICE

Has your practice changed in the past year?

Yes No If YES, please explain: _____

III. CLAIMS

Have there been any claims made against you or incidents likely to result in a claim against you during the past year?

Yes No If YES, please explain: _____

IV. OBSTETRICS EXPOSURE

Are you involved in prenatal or neonatal care?

Yes No If YES, please explain: _____

How many deliveries did you perform in the last 12 months?

Total Deliveries _____ Of that total, how many Cesarean Sections _____

V. SURGICAL EXPOSURE

How many surgeries did you perform in the last 12 months?

Major _____

Minor _____ (other than incision of boils, cysts, and other superficial abscesses or suturing of minor lacerations).

Assists on own patients _____

Assists on other than own patients _____

VI. ADDITIONAL PROFESSIONAL INFORMATION (Please give a complete explanation of "Yes" answers)

a. Has membership in any professional association or society been revoked or refused?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Has any hospital suspended, restricted or refused your staff privileges, or have you voluntarily or involuntarily surrendered or limited your privileges anytime while under peer investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had a grievance filed against you with your County or State Medical Society, or have you been censured or received a private reprimand from any such organization or hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Have you voluntarily surrendered or had a state license to practice medicine refused, suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Have you voluntarily surrendered or had a narcotics license refused, suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Have you been treated for alcoholism, narcotic addiction, or mental illness? If "yes", provide details of rehabilitation program, including dates of treatment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Have you been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Have you suffered from or been treated for any chronic illness or physical defect?	<input type="checkbox"/> Yes <input type="checkbox"/> No

VII. CORPORATE LIABILITY

Are you a partner, stockholder or employee in:

- Medical Partnership Yes No
- Professional Association Yes No
- Professional Corporation Yes No

If YES, state Name of Partnership, Professional Association or Professional Corporation, noting the date of formation/incorporation.

List all other stockholders, partners and employee physicians.

NAME	SPECIALTY	INSURANCE CARRIER	LIMITS OF LIABILITY

Do you desire coverage for the partnership, professional association or professional corporation? Yes No
(If the carrier does not insure all the members, the coverage extended to the cooperation would respond only to liability arising out of the acts of the insured physician).

Was the corporate entity covered on your previous insurance? Yes No
If YES, please provide evidence of such coverage and the retroactive date applicable to such coverage.

SIGNATURE

DATE

PRINTED NAME

FRAUD NOTICE

Arkansas	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
District of Columbia	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Hawaii	For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
Louisiana	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
New York	<p>All commercial insurance forms, except as provided for automobile insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.</p> <p>Automobile insurance forms Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.</p> <p>Fire Insurance: 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 proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.</p>
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Pennsylvania	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. Auto: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.
Puerto Rico	Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousands dollars (\$5,000), not to exceed ten thousands dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.
Rhode Island	Property Insurance, Real Or Personal: The insurance application form shall indicate the existence of a criminal penalty for failure to disclose a conviction of arson.
Tennessee	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. Workers Compensation: It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.
Virginia	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
West Virginia	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.