



IRONSHORE COMPANIES
175 Powder Forest Drive
Weatogue, CT 06089

MANAGED CARE ERRORS AND OMISSIONS
LIABILITY RENEWAL APPLICATION

NOTICE: THE POLICY FOR WHICH THIS APPLICATION IS MADE APPLIES, SUBJECT TO ITS TERMS, ONLY TO CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR WITHIN THE TIME PERIOD SET FORTH IN THE POLICY. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES, SETTLEMENTS, OR JUDGMENTS SHALL BE REDUCED AND MAY BE EXHAUSTED BY DEFENSE EXPENSES AND DEFENSE EXPENSES SHALL BE APPLIED AGAINST THE RETENTION. READ THE ENTIRE APPLICATION BEFORE SIGNING.

PART I. GENERAL INFORMATION, OPERATIONS AND STRUCTURE

1.	Name of Applicant : (Note: Wherever used, Applicant means this entity and any other entities listed in response to question 3)			
	Address:			
	City:	State:	ZIP:	
	Website:	www.	Telephone No:	() -
	Contact Person:		Title:	
	Email Address:		Telephone No:	() -
	Name of Risk Manager (if different from contact person):		Email Address:	

2.	Applicant is:	<input type="checkbox"/> For-Profit Corporation	<input type="checkbox"/> Not-for-Profit Tax-Exempt Corporation
		<input type="checkbox"/> Not-for-Profit Taxable Corporation	<input type="checkbox"/> Limited Liability Company
		<input type="checkbox"/> Partnership	<input type="checkbox"/> Joint Venture
		<input type="checkbox"/> Other (describe):	
	Date of Incorporation:	Date Operations Began:	
State(s) where Applicant operates:			

3.	If coverage is desired for any other entities (e.g., subsidiaries, joint ventures, or partnerships), please list each such entity below. If required, list additional entities or provide any additional information on a separate attachment. Please note that coverage for such entities is not automatically available; the terms and conditions of the policy, if issued, will determine actual coverage.				
	<u>Name and Address</u>	<u>Relationship to Applicant</u>	<u>Description of Operations</u>	<u>Tax Status</u>	<u>Percent Owned</u>

4.	Applicant is:	<input type="checkbox"/> HMO (network or IPA model)	<input type="checkbox"/> HMO (staff model)	<input type="checkbox"/> HMO (combined network and staff)
		<input type="checkbox"/> PPO	<input type="checkbox"/> PHO	<input type="checkbox"/> IPA
		<input type="checkbox"/> MSO	<input type="checkbox"/> Third Party Administrator	<input type="checkbox"/> Utilization Review Organization
		<input type="checkbox"/> Peer Review Organization	<input type="checkbox"/> Medical Group or Clinic	<input type="checkbox"/> Other:

5.	REVENUES	<u>Last 12 Months (actual):</u>	<u>Next 12 Months (projected):</u>
	Total Gross Revenues:	\$	\$
	<i>If this revenue number does not match that in the attached audited financials, please explain.</i>		
	Total Gross Revenues from ASO/TPA enrollees:	\$	\$
	Percent of Gross Revenues from "at risk" agreements:	%	%
<i>Note: Wherever used, at risk means capitation, withhold, or bonus.</i>			

6.	ENROLLMENT:	<u>Last 12 Months (actual):</u>	<u>Next 12 Months (projected):</u>	
	Total number of Enrollees: <i>(Note: wherever used, enrollees means covered lives not just covered employees and not member months.) If enrollees are in more than one state, please provide breakdown by state on a separate attachment.</i>			
	Breakdown of enrollees by type: <i>(Note: total of enrollees by type below should equal total, above)</i>			
	ASO/TPA enrollees* <i>*(include enrollees managed as HMO, PPO, etc. but for whom the Applicant is not taking risk)</i>			
	HMO enrollees			
	PPO enrollees			
	PSO enrollees			
	Indemnity enrollees			
	Medicare enrollees			
	Medicaid enrollees			
Other enrollees				
For Other, please describe:				

7.	ACTIVITIES OR SERVICES:	
	Are there any managed care activities or services (i.e. credentialing, utilization review, drafting practice guidelines, case management, disease management, application and enrollment processing for enrollees of health care plans, handling and adjusting of enrollees' health care benefit claims, etc.) which the Applicant performs or subcontracts now or intends to begin performing or subcontracting within the next 12 months which it did not perform or subcontract in the last 12 months? (Note: not all services may be covered):	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please describe:		

PART II. REPRESENTATION APPLICABLE TO INCREASED LIMITS REQUEST

8.	<p>If the Applicant requests limit(s) of liability for the renewal of its expiring policy with the Underwriter that are larger than the limit(s) of such expiring policy, the Applicant must complete the following statement, which applies to such larger limit(s) of liability.</p> <p>Neither the Applicant nor any individual or entity proposed for coverage, is aware of any fact, circumstance, situation, transaction, event, act, error, or omission which they have reason to believe may or could reasonably be foreseen to result in a claim that may fall within the scope of the proposed larger limits of liability, except as follows:</p> <p>If answer is "none", so state:</p> <p>NOTE: WITHOUT PREJUDICE TO ANY OTHER RIGHTS AND REMEDIES OF THE UNDERWRITER, IT IS AGREED THAT ANY CLAIM ARISING FROM ANY FACT, CIRCUMSTANCE, SITUATION, TRANSACTION, EVENT, ACT, ERROR, OR OMISSION REQUIRED TO BE DISCLOSED IN RESPONSE TO QUESTION 8 IS EXCLUDED FROM THE PROPOSED LARGER LIMITS OF LIABILITY.</p>
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PART III. ATTACHMENTS

9. Please attach copies of the following documents. These documents shall become a part of this Application:
- a) Applicant's last two audited or accountant-prepared financial statements with notes; and
 - b) Current loss run from prior carrier if there were any open claims at the last renewal.

PART IV. SIGNATURES

The undersigned, as authorized agent of all individuals and entities proposed for this insurance, declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Application and any attachments or information submitted with this Application (together referred to as the "Application") are true and complete.

The information in this Application is material to the risk accepted by the Underwriter. If a policy is issued it will be in reliance by the Underwriter upon the Application, and the Application will be the basis of the contract.

The information contained in and submitted with this Application is on file with the Underwriter, and along with the Application will be considered physically attached to, part of, and incorporated into the policy, if issued.

The Underwriter is authorized to make any inquiry in connection with this Application. The Underwriter's acceptance of this Application or the making of any subsequent inquiry does not bind the **Applicant** or the Underwriter to complete the insurance or issue a policy. If the information in this Application materially changes prior to the effective date of the policy, the **Applicant** will immediately notify the Underwriter, and the Underwriter may modify or withdraw any quotation or agreement to bind insurance.

The undersigned declares that all individuals and entities proposed for this insurance understand;

- a) the policy, if issued, shall apply only to "Claims" that are first made against the "Insured" during the "Policy Period" and are reported to the Underwriter in writing during the "Policy Period" or within the time period set forth in the policy or to "Claims" that are first made against the "Insured" during the Extended Reporting Period or within the time period set forth in the policy; and
- b) the limit of liability available under the policy if issued, to pay damages, settlements, or judgments shall be reduced, and may be exhausted by payment of "Defense Expenses," and "Defense Expenses" also shall be applied against the retention.

NOTICE TO COLORADO APPLICANTS: 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 CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO KENTUCKY 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.

NOTICE TO LOUISIANA AND NEW MEXICO APPLICANTS: 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.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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 A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO MINNESOTA, OHIO, AND ARKANSAS APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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, WHICH IS A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

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 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON AND TEXAS APPLICANTS: ANY PERSON WHO MAKES AN INTENTIONAL MISSTATEMENT THAT IS MATERIAL TO THE RISK MAY BE FOUND GUILTY OF INSURANCE FRAUD BY A COURT OF LAW.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

Applicant (signature):

By (Chairman and / or President – Print Name)

Title:

Date:

Note: This Application must be signed by the Chairman and/or President of the Applicant acting as the authorized agent of all individuals and entities proposed for this insurance.