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Supplemental Application for Physician and Surgeon Part Time Insurance Coverage

Name of Applicant: _____

Requesting Part Time Coverage Effective _____
Month / Day / Year

All applications are subject to prior approval. If your application is approved, coverage can be provided no earlier than the day following the postmark on the envelope containing the application. A premium discount will be provided to qualified physicians whose total practice to be covered under a MLMIC policy will not exceed twenty (20) hours in any given week.

I. Date of Birth: _____
Month / Day / Year

II. What is your Specialty? _____

III. How many hours weekly do you spend in your total medical practice? **(You should include all professional activity as a physician or surgeon, such as patient care, record keeping, consultation, supervision of healthcare professionals, on call, volunteer work, hospital rounds, accreditation and other review functions on behalf of a hospital or professional society, even if covered by other insurance.)**

Hours By Day of Week

	In Office	In Hospital	On Call	Other	Names of Hospital (Please Print)	Total Hours
Sun.						
Mon.						
Tue.						
Wed.						
Thur.						
Fri.						
Sat.						

(a) Of the hours listed under On Call in the grid above, how many hours a week, on average, are spent treating patients in person or by consultation: _____

(b) Of the total hours listed in the grid above, how many are or will be covered by other insurance and not by your individual MLMIC policy? _____ hours per week (if none, list none).

Describe all activities covered by such insurance and name the insurance company(ies).

(Note: as a condition for a reduced rate of premium an endorsement will be attached to your policy excluding coverage for these activities.)

(c) State the number of hours and describe all activities for which you require coverage under an individual MLMIC policy. _____ Maximum hours per week

Activities _____

(Note: The hours indicated in III. (b) and III. (c) should equal the total weekly hours shown in the "Hours By Day of Week" grid above.)

(Over)

(c) With respect to the activities to be covered by MLMIC described in III (c), where applicable, indicate the maximum number of the following professional services performed during any week and the total weekly hours associated with each. (If an activity does not apply, indicate N/A.)

Additionally, of the maximum total hours indicated for obstetrical deliveries and/or surgical procedures, indicate the percentage of time dedicated to follow-up care.

	Professional Services	Maximum Number	Total Hours Per Week	% of time for follow-up care
1.	Patients seen during office hours or at hospital			
2.	Obstetrical Deliveries			
3.	Radiology films interpreted			
4.	Minor surgical procedures performed			
5.	Major surgical procedures performed			

(d) If applicable, indicate the specific types of major and minor surgical procedures performed.

Major Surgical Procedures	Minor Surgical Procedures

IV. As a condition for a reduced rate of premium, an endorsement will be attached to your policy(ies) excluding coverage for all activities described in III.(b). Restrictive language will be included in your policy(ies):

PART TIME ENDORSEMENT

It is agreed that, in reliance upon the Insured's written declarations and representation and in consideration of the reduced rate of Premium at which this policy is written, the Insured's part-time practice to be covered will not exceed twenty (20) hours weekly.

No insurance is provided for the Insured's other medical practice activity that is covered by insurance issued by another company.

As a further condition for a reduced premium, I herein consent to an audit of my records to substantiate the limited hours of practice to be covered by MLMIC insurance.

Date Signature

NEW YORK STATE INSURANCE DEPARTMENT REGULATION DECLARES THAT:

"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."

Date Signature