

**Corporate Renewal Application**

1. Full entity name: \_\_\_\_\_ FEIN: \_\_\_\_\_
2. Policy number: \_\_\_\_\_ Renewal date: \_\_\_\_\_
3. Practice address: \_\_\_\_\_
4. Practice phone number: \_\_\_\_\_ Email address: \_\_\_\_\_
5. Weekly Patient Load: \_\_\_\_\_ Weekly Hours: \_\_\_\_\_
6. Annual Patient Load: \_\_\_\_\_ Annual Revenue: \_\_\_\_\_

**Please provide full explanation to all "Yes" answers**

7. During the policy period, have your medical procedures performed changed?  Yes  No
8. During the policy period, have the Additional Insured listed on this policy changed?  Yes  No
9. During the policy period, have any previously open claims closed?  Yes  No
10. During the policy period, have you become aware of any administrative issues?  Yes  No
11. During the policy period, have any unhappy patients or attorneys contacted you?  Yes  No
12. During the policy period, did any negative medical incidents occur?  Yes  No

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby warrant and represent, the above is accurate and material to the renewal of insurance. Any inaccurate statements, whether truthful or not, may cause my policy to be voided.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_