DECOTIS
SPECIALTY INSURANCE

ABORTION CLINIC APPLICATION

1. Name of Applicant (Include names of owners & job titles)_____

_____

Street Address _____ City _____ State _____ Zip _____

2. No. of locations (attach list) _____ No. of years in operation _____

3. Profit or Non-profit _____ Corp. _____ Partnership _____

4. Gross Receipts $ _____ No. of abortions annually _____

5. No. of M.D.'s _____ Surgeons _____ Anesthetists _____ Anesthesiologists _____
R.N.'s _____ L.P.N.'s _____ Counselors _____ Other employees _____
EMT/Paramedic Qualified _____

6. Type of abortions performed and number:
D&C _____ D&E _____ Vacuum _____ Saline _____
Prostaglandin _____ Other (Describe) _____

_____

7. No. of vasectomies _____ No. of tubal ligations _____

8. No. of abortions performed during:

	Current Year	**Est. Next Year**
First Trimester	_____	_____
Second Trimester	_____	_____
Third Trimester	_____	_____

9. Types of anesthesia used and estimated percentage:
Local (type) _____ _____ %
General (type) _____ _____ %
Other (type) _____ _____ %

10. Physical exam prior to abortion ☐ Yes ☐ No
Test for V.D. ☐ Yes ☐ No
Other tests (Describe) _____

11. Hospital affiliation (name) _____
Distance from clinic _____ (miles) Estimated travel time _____

12. Emergency procedures when complications arise? (attach copy) _____

13. Registered and approved by state and/or local heath department? ☐ Yes ☐ No

14. Patient care procedures: (attach copy) _____

15. List name and specialization of M.D.(s), **including insurance coverage:**

	NAME	**LIMITS**	**POLICY #**	**CARRIER**	**EXPIRATION**
1.					
2.					
3.					
4.					
5.					

15. *(continued)*

Are all M.D.(s) graduates of USA Schools? ☐ Yes ☐ No
Are all M.D.(s) board certified eligible? ☐ Yes ☐ No

16. Does clinic perform services other than abortions and related counseling? ☐ Yes ☐ No
Describe _____

17. Do any doctors have claims pending or paid as respects their personal practice during last five (5) years? If so, describe each claim. ☐ Yes ☐ No _____

18. Does the clinic or any employee have a claim pending or a claim settled that occurred during last five (5) years? If so, describe each claim. ☐ Yes ☐ No _____

Has any carrier cancelled, declined or refused to renew professional liability insurance? ☐ Yes ☐ No
If so, provide details. _____

19. LIMITS OF INSURANCE REQUESTED:

General Aggregate Limit (Other than Products – Completed Operations)	$ _____	
Products – Completed Operations Aggregate Limit	$ _____	
Personal and Advertising Injury Limit	$ _____	
Each Occurrence Limit	$ _____	
Fire Damage Limit (up to $50,000 limit available)	$ _____	any one (1) fire
Medical Expense Limit (up to $5,000 limit available)	$ _____	any one (1) person
Each Professional Incident Limit (if applicable)	$ _____	

Applicant's Signature: _____ Date: _____

Title: _____ Producing Agent: _____