

MINNESOTA JOINT UNDERWRITING ASSOCIATION
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APPLICATION – PROFESSIONAL LIABILITY INFORMATION
HOSPITAL

This supplement should be completed for each separate hospital. If the entity also has a Joint Venture, HMO or PPO, please complete the appropriate supplement.

General Information Per Entity

1. Name of Entity: _____
Full Address: _____

2. Type of Entity: _____

3. Institution Organization:
 Profit Nonprofit Osteopathic Governmental

4. Approved by: JCAHO AOA Other (specify) _____

5. Describe any planned changes in bed capacity, services and facility: _____

6. Does the entity operate an emergency room? Yes No
Select the level of care given at the emergency room (level of care as defined by the JCAHO): Level 1 Level 2 Level 3 Level 4

7. Limits of Liability Requested:

	Incident	Aggregate
Institution Professional	_____	_____
Physician Professional	_____	_____

8. Staff Per Entity

a. Please complete the attached schedules for all physicians to be insured for each entity and individual physician applications for all physicians for whom applications were not previously submitted.

b. Allied Professionals: Please indicate the number of employees to be insured under each of the classifications below. Compute full-time equivalent units for part-time employees by dividing the total part-time hours by 40 (e.g. 20 hours/week equals .5 units)

_____ Employed Nurse Anesthetists	_____ Nurse Midwives
_____ Dentists (other	_____ Physical Therapists
_____ Pharmacists	
_____ Dentists Certified to administer anesthetics or Oral Sugeons	