

**NORTHWEST PHYSICIANS INSURANCE COMPANY
PRIOR ACTS QUESTIONNAIRE**

Under "claims made" policies, there is no coverage if, prior to the policy's inception date, you have any reasonable way to foresee that a claim may be made. NPIC does not want you to have a potential gap in coverage as the result of changing insurance companies. Consequently, if prior acts coverage is requested, we require completion of the prior acts questionnaire.

The goal of the questionnaire is to be sure that there are no medical incidents, or unfavorable or adverse results which should be reported to your current insurance company before your current policy is cancelled, or which may require you to purchase a Reporting Endorsement for your own protection.

If there are "yes" answers to any of the questions on this form, attach a separate sheet with necessary details. The determination of whether or not the incident needs to be reported to your current carrier will vary with the circumstances. Please provide any information that will help our Underwriter evaluate the potential for a claim. Such information may include details such as age and general health status of patient; number of the type of procedures involved that you perform a year; other physicians involved; any other details you believe will assist NPIC in evaluating the incident.

APPLICANT _____ **PRIOR ACTS DATE** _____
(Please print)

Do not include information on past or present **claims** that have been accepted by your current or past professional liability insurer.

In the last 24 months, (or since prior acts date if less than 24 months) do you have knowledge of:

I. General Medicine - (All Physicians)

- A. any patient(s) who had an injury resulting from your treatment? _____
- B. any patient(s) who had any unexpected compromise to airway or neurovascular bundle that led to injury? _____
- C. any patient(s) who had a poor result that was not expected and became angry at you?

- D. any patient(s) who died unexpectedly while under your care? _____
- E. any patient(s) who had unexpected respiratory or cardiac arrest? _____
- F. any patients(s) who sustained a major organ failure (heart, lung or kidney) not present at time treatment was rendered? _____
- G. any case(s) where a foreign body was retained? _____
- H. any written or verbal contact from patient, family, attorney or other representative with a demand for money or services or other indication of an intent to file a claim, lawsuit or other complaint against you _____
- J. any current claim or litigation in which you may be named as a defendant? _____

II. A. Surgeons - ALL

1. unexpectedly returned to the operating room during the same admission? _____
2. sustained an acute MI or CVA during or within 48 hours of elective surgery or other major diagnostic or therapeutic procedure? _____
3. patient with post operative course that lead to permanent injury? _____
4. Do you currently perform bariatric surgery, or have you performed bariatric surgery within the last three years? _____
If "yes" Date of last surgery, if you no longer perform bariatric surgery _____
Approximate annual volume of bariatric surgeries _____

B. Neurosurgeons and Orthopedic Surgeons

1. Average number of back surgeries in each of the last 2 years. _____

III. Obstetrics

- A. any result that led to injury of the mother? _____
- B. any result that led to injury or death of the infant? _____
Including: Cerebral Palsy _____
Mental retardation _____
Fractures _____
Brachial plexus _____
Stillbirth or Intrauterine Fetal Demise (greater than 24 weeks gestation) _____
Neonatal Asphyxia _____
- C. average number of deliveries per year (last three years): Vaginal _____ C-section _____

I hereby represent that I have listed all incidents, and unfavorable or adverse results known to me, or of which I should reasonably be aware, which would arise from my acts or omissions which have occurred within the last twenty-four (24) months, or since the requested prior acts date, if less than twenty-four months. I further represent that I have not withheld any information that is reasonably likely to influence the judgment of the Company in considering my request for prior acts coverage. I understand that any incidents, or unfavorable or adverse results which are or should be known to me and which can reasonably be expected to result in a claim will not be covered by NPIC, whether listed on this form or not.

Date _____

By _____
Applicant's Signature