



313 Swanson Drive  
Lawrenceville, GA 30043

(678) 935-5040 (800) 423-1520  
(678) 935-5032 (888) 206-2024 fax

***Healthcare Professional Services, Inc.***

---

## **Submission Requirements**

### **Medical Schools, Hospitals, Ambulance Services**

- Completed, signed and dated application.
- Seven years hard copy loss information with a recent valuation date. Including full details of allegation on all losses paid or outstanding in excess of \$25,000.
- Five years historical exposure data showing licensed and occupied beds and outpatient visits.
- A roster listing the names, specialty field, state of license and number of hours worked, of all employed physicians, employed surgeons, interns and residents.
- Details about any employed of staff physician whose license has been restricted or suspended.
- Most recent J.C.A.H.O. report and state licensure report with recommendations including status of recommendations.
- Current audited financial statement.
- Copy of medical staff by-laws.
- A.H.A. survey.
- Job description of the risk manager including the risk management and quality improvement plan.
- Copies of contracts with independent physicians groups.
- Hold harmless agreements.
- Names of all entities to be covered under this policy.



*The Medical Malpractice Specialists*  
*www.healthcareprofservices.com*