

<p align="center">Academic Medical Professionals Insurance Risk Retention Group, LLC (AMPI) Medical Graduate Application for Membership and Ambulatory Activity Insurance</p>
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THIS APPLICATION REQUIRES A STATEMENT BY THE FINANCIAL GUARANTOR AND THE INDIVIDUAL TO BE INSURED. PLEASE COMPLETE AND SIGN BOTH SIDES OF THIS APPLICATION.

Medical Graduate Name:		Department:	
Mailing Address: (All Formal Notices Will Be Sent To This Address)		Home Address:	
Telephone: Business:		Fax:	Home:
Social Security Number:		E-mail Address:	
Medical License #(s)		Country/State(s) Licensed In:	

Statement of Insured

The activity to be insured must be disclosed in this part: (Please notify the Company if there are any changes in your assignment after the submission of the completed application).

Q1. Date of Birth: _____ Place of Birth: _____

Q2. Medical School Attended: _____ Date Graduated: _____

Degree Obtained: _____ (MD, DO, MBBS etc)

Q3. Name and Address of Institution where clinical activity will be performed:

From: _____ (month/day/year) To: _____ (month/day/year)

Specialty: _____

Q4. Description of Clinical Duties to be Undertaken: _____

Q5. Number of Days in Assignment: _____ Number of Hours Each Day (est.) _____

Q6. Name of Supervising Physician: _____

Q6a: Is your Supervising Physician a faculty member at a University: _____

if yes provide name of institution and academic rank: _____

Q7. Will you be working independently at any time during the rotation: (Y/N) _If Yes, please explain_____

Q8. If you will be assisting/performing any invasive procedures please list below:

Name of Procedure/Test	Number to be Performed (please estimate)

Q9. Have you ever been disciplined by a licensing board, had your license revoked/suspended or been placed on probation, etc.? Has any hospital denied you privileges due to any charge of malpractice or incompetency? If so please explain: (DO NOT include scholastic criticism by a University or its faculty here):

Insurance Coverage: AMPI RRG, LLC will issue an occurrence policy with limits of liability of **\$1,000,000/\$3,000,000**.

Assignment/Power of Attorney

I hereby instruct the Company to directly bill all invoices and return all premiums, loans and dividends and to follow all instructions regarding this insurance as specified by the financial guarantor. I assign all my rights, title and interest in and to any cash distribution that may be made by the Company for any purpose whatsoever including, without limitation, a return of any advance or capital or declaration of dividends by the Company to the financial guarantor.

Financial Guarantor: _____
(Print Name)

Signature: _____

Warranty

I hereby declare and represent that the above statements and particulars are true and complete, and that I have not withheld or misstated any information required by the Company. I understand and agree that the information contained in the Application is material and that the Company is relying upon it in considering my application for professional liability insurance, and that it is the basis of insurance which may be issued to me by the Company. I also understand that this Application shall be annexed to, and deemed part of, any policy of insurance issued to me by the Company. Renewal applications will be considered as a supplement to the original application, and all prior renewal applications which, cumulatively, shall be deemed part of the policy. **New York Insurance Department Regulation No. 95 Declares: "Any person who knowingly and with intent to defraud any insurance company or other person who files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material hereto, commits a fraudulent insurance act, which is a crime."**

Signature of Applicant: _____

Date _____

COVERAGE IS LIMITED TO ACTIVITIES AND LOCATIONS LISTED ON THE APPLICATION FOR ENROLLMENT

NOTICE

This policy for which you are applying is issued by your risk retention group. Your risk retention group may not be subject to all of the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for your risk retention group.