# Medical Imaging Centers, Medical Laboratories

Renewal Application

**Applicant Information**

1. Applicant name:

2. Principal business address (attach separate sheet if more than one location):

Street: County:

City: State: Zip:

Phone: Website:

3. Please provide a detailed description of operations:

4. Please state sources and amounts of total revenue:

| | in last 12 months | for next 12 months |
|---|---|---|
| Charitable contributions | $ | $ |
| Government funding | $ | $ |
| Fee for services | $ | $ |
| Other – specify: | $ | $ |

**Operations and Activities**

5. The applicant facility is: ☐ Mobile ☐ Stationary

6. Please indicate the number of tests:

| Type of Test | in last 12 months | for next 12 months |
|---|---|---|
| Bone density scans | | |
| CAT/CT scans | | |
| EKG/EEG | | |
| Mammograms | | |
| MRI | | |
| PET scans | | |
| Ultrasound/sonography | | |
| X-ray | | |
| Urine/blood | | |

7. Is the applicant involved in:

a. therapy or treatment procedures? Yes ☐ No ☐

b. environmental analysis? Yes ☐ No ☐

c. blood banking or cross matching? Yes ☐ No ☐

d. drug testing or research? Yes ☐ No ☐

e. manufacturing, dispensing, or testing pharmaceuticals? Yes ☐ No ☐

f. manufacture and/or sell laboratory equipment or supplies, reagents, or software? Yes ☐ No ☐

g. intravenous transfusions of blood or in the procurement of blood or blood products? Yes ☐ No ☐

If Yes to any of the above, please explain in the Comments Section

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8. a. If specimens are handled, provide percentage of specimens:
   - i. collected direct from patients by the applicant: ____ %
   - ii. received by the applicant from outside sources: ____ %

   b. Describe types of specimens collected:

**Staffing Information**

9 a. Please indicate the number of employed and contracted staff:

| Profession | Employed | Contracted |
|---|---|---|
| Nurses | | |
| Phlebotomists | | |
| Physicians | | |
| X-ray technicians | | |
| Other – specify: | | |

b i Do you require all employed/contracted radiology physicians to carry their own medical liability insurance? Yes ☐ No ☐

ii. Do you maintain Certificates of Insurance to confirm such coverage? Yes ☐ No ☐

10. Provide the name of the applicant's Medical Director and attach a copy of his/her Curriculum Vitae (CV).

**Insurance and Claims History**

11. Has the applicant notified Hiscox Inc. of all matters that may result in a potential claim including any litigation, administrative proceedings, demand letters, formal or informal investigations or inquiries which have occurred within the expiring policy period?

    Yes ☐ No ☐ None to Report ☐

    If No, please attach a detailed explanation or explain in the Comments Section.

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**Comments Section**

| |
|---|
| |

**Notice to New York applicants: any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material thereto, commits a fraudulent insurance act, which is a crime.**

The applicant hereby acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability.

The applicant further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

I DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact and that I agree that this application shall be the basis of the contract with the Underwriters.

| | |
|---|---|
| Name of applicant: | |
| Signature of person authorized to execute on behalf of the applicant: | |
| Name/title of person authorized to execute on behalf of the applicant: | |
| Date: | |

This application form duly completed, together with any supplementary information, must be signed in ink or by electronic signature by the person indicated. Signing of this form does not bind the applicant or the Underwriters to complete this insurance.

**A copy of this application should be retained for your records.**