

UTAH MEDICAL
INSURANCE ASSOCIATION
"AN INTERINSURANCE EXCHANGE"
310 EAST 4500 SOUTH, SUITE 550
SALT LAKE CITY, UT 84107-3993
TELEPHONE (801) 531-0375
FAX (801) 531-0381

APPLICATION FOR LOCUM TENENS AS AN ADDITIONAL INSURED

ONLY REQUIRED IF LOCUM TENENS APPLICANT HAS NO PERSONAL PROFESSIONAL LIABILITY INSURANCE IN FORCE TO COVER THIS TEMPORARY PRACTICE ACTIVITY.

NAMED INSURED: _____ POLICY NO. _____ MEDICAL SPECIALTY: _____

THE FOLLOWING QUESTIONS APPLY TO LOCUM TENENS APPLICANT

Name of Applicant: _____

Last First Middle Title

Home Address: _____

Street City State Zip Code Phone

DOB: _____ Soc. Sec. # _____ Med. Lic. # _____ State _____

List all locations where applicant currently practices:

Number & Street City State Zip Code

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Is applicant currently: Intern Resident Fellowship Enrollee

Applicant's medical specialty: _____

NOTE: If medical specialty is not the same as the Named Insured's specialty, describe the duties the applicant will be performing while substituting for the Named Insured in "Comment Section."

Will the applicant perform or assist in surgery? Yes No

If yes, will this be confined to the Named Insured's patients? Yes No

PLEASE ANSWER THE FOLLOWING QUESTIONS.

Have any of the following been investigated, denied, suspended, restricted in any way, or revoked?

1. State medical license Yes No
2. License to prescribe/dispense narcotics Yes No
3. Hospital privileges Yes No
4. Medical society membership Yes No

During the past ten years

Have any claims been filed against the applicant? Yes No

Have you ever

1. Had any mental illness? Yes No
2. Had any chronic illness/physical defect? Yes No
3. Abused alcohol or drugs? Yes No
4. Been treated or had treatment recommended for abuse of alcohol/drugs? Yes No
5. Been convicted of any misdemeanor or felony other than minor traffic violation(s)? Yes No

NOTE: IF ANY OF THE ABOVE QUESTIONS ARE ANSWERED "YES," PLEASE FURNISH COMPLETE DETAILS IN "COMMENT SECTION."

