UMIA

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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

_____

Number & Street City State Zip Code

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."

Coverage period desired: (list days)

NOTE: INSURANCE WILL BE AFFORDED BY ENDORSEMENT TO THE NAMED INSURED'S PROFESSIONAL LIABILITY INSURANCE POLICY, SUBJECT TO ITS TERMS AND CONDITIONS.

Signature_____ **Date**: _____
Named Insured or Locum Tenens

COMMENT SECTION: