

Healthcare Supplemental Application form

I. ANTI-TRUST

1. Does the Applicant control more than 20% of inpatient services for the Applicant's Primary Service area? Yes No
2. Does the Applicant contract with more than 20% of the physicians in any given field of practice within the Applicant's Primary service area? Yes No
3. Do you contemplate any merger, acquisition, creation of or tender offer for any entity, plant or office that will increase your market share by bed, specialty or physician count by more than 15%? Yes No
4. Do you have any provider agreements that contain non-compete clauses? Yes No

Please provide full details on a separate sheet if any of the above are answered 'yes'.

5. Are all acquisitions reviewed by outside counsel for antitrust compliance? Yes No

II. REGULATORY COVERAGE

1. Does the Applicant have a Medical Billings or Chief Compliance Officer? Yes No
2. Is there a formal compliance program in place? Yes No

If yes, when was it implemented? _____

When was it last updated? _____

3. Does the Applicant perform internal audits and compliance analysis on medical billing? Yes No
4. Does the Applicant have external compliance and billing analysis performed? Yes No

If yes, please provide the name of the outside firm. _____

III. LOSS HISTORY

Have any civil or criminal charges, claims, losses, lawsuits, or administrative proceedings, hearings or demands been made against the Applicant or any entity or person proposed for this insurance during the past five (5) years which could fall within the scope of this proposed insurance, whether or not insured, including without limitation any claim involving (a) alleged state or federal copyright, patent, antitrust, fair trade, or securities violations; (b) class actions or derivative suits; (c) investigations by the Department of Labor; or (d) regulatory inquiry, investigation, indictment or proceeding for any actual, alleged, or potential violations of Federal False Claims Act, Anti-referral statute, Stark Act or any other federal, state or local statutory or common law rules or regulations?

Yes No

If yes, please provide further details: _____

The Applicant on behalf of the Proposed Insureds further warrants that if the information supplied on this application changes between the date of this application and the inception date of the Policy, it will immediately notify us of such change. Signing of this application does not bind Underwriters to offer nor the Applicant to accept insurance, but it is agreed that this application shall be the basis of the insurance and will be attached and made a part of the Policy should a policy be issued.

Date

Applicant's Authorized Signature of a Principal Partner or
Shareholder

Title