

OPTOMETRISTS PROFESSIONAL LIABILITY

Applicant's Name:

Policy Number:

Effective Date:

Agent:

Form of Business: Individual Partnership Corporation Other:

1. List all employed optometrists and indicate if they are certified as a Therapeutic Optometrist.

Name of Employed Optometrist	Is the optometrist certified as a Therapeutic Optometrist (has passed the Treatment and Management of Ocular Disease TMOD exam)? Answer for each optometrist.	
	Yes	No
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

2. Has the professional license of any of the above optometrists ever been denied, suspended, revoked or voluntarily surrendered? Yes No
If Yes, explain:

3. Has the Professional Services Liability Insurance for any of the above optometrists ever been cancelled, non-renewed or declined? Yes No
If Yes, explain:

4. List and describe all professional services liability claims involving patient care.

5. Do you employ any ophthalmologists? Yes No

6. Do any of the above non-therapeutic optometrists prescribe any pharmaceutical agents to your patients for the treatment or management of eye disease or disorders? (Do not include pharmaceutical agents used for diagnostic procedures.) Yes No

7. Do any of the above optometrists perform vision-correcting surgery such as Lasik? Yes No

8. Do any of the above optometrists co-manage patients with an ophthalmologist or eye-care clinic? Yes No

9. If the answer to Question 8 is Yes, please answer the following questions.

a. What percent of your total revenues come from co-management services? %

b. Does the ophthalmologist or eye-care clinic carry Medical Professional Liability coverage? Yes No