



NEW BUSINESS APPLICATION

**BIRTH CENTER
MISCELLANEOUS HEALTHCARE FACILITIES**

This application must be completed, signed and dated by the applicant. All questions must be answered completely. The information is required to make an underwriting and pricing evaluation. Your answers are considered legally material to that evaluation. If any question does not apply, indicate NOT APPLICABLE. If space is not sufficient to properly answer the question, please provide the details in the Additional Information section of this form or you may attach a separate page using your letterhead. To use this form, you may mouse click on a field or move between fields using the tab key. To check a box, you may mouse click or press the space bar.

The following additional information is required. Delay in providing this information will impede the company's decision to provide requested coverage:

1. Patient Informed Consent forms
2. Copy of current practice license(s)
3. Copy of your current professional liability insurance Declarations Page
4. Brochures, pamphlets, advertisements, or other descriptive literature of operations and services
5. Company loss runs for the past seven (7) years, valued within the last 90 days

I. GENERAL INFORMATION

Applicant Name:

1	Name of any Professional Corporation, Partnership or Association of which the applicant is an owner and the percentage of ownership:	Name:	%
		Name:	%

2 May any qualified physician apply for privileges at this facility? Yes No

3 Hours of Operation:

4 How many shifts are maintained:

5 Number of Birth Suites:

6	What percentage of patients are discharged within 24 hours?	%
a	What percentage of patients are discharged within 48 hours?	%
b	What percentage of patients are discharged within 72 hours?	%
c	What percentage of patients are discharged after 72 hours?	%

Explain 6. C.

7 Describe the discharge procedures for mother and infant, including protocols for discharge within 24 hours and after 24 hours.

8 Are patients screened prior to delivery and determined to be low risk of complications and able to undergo a routine delivery? *(Patients including but not limited to those with diabetes, pre-eclampsia, maternal high blood pressure, placenta problems, prior c-section delivery, multiple births or previous birth complications are not considered to be low risk.)* Yes No

9	What is the annual number of the following procedures?	Projected	First Past Year	Second Past Year
a	Vaginal Deliveries			
b	Caesarean Sections – scheduled			
c	Caesarean Sections – emergency			
d	Multiple Births			
e	Patients transferred to a hospital			
f	VBACs			
	Other (describe):			

10	Provide the average number of the following practitioners:	Projected	First Past Year	Second Past Year
	Employed physicians full-time			
	Employed physicians part-time			
	Contracted physicians (# of annual hours)			
	Employed midwives full-time			
	Employed midwives part-time			
	Contracted midwives (# of annual hours)			

11	a	Is every physician affiliated with the entity certified by the American Board of Obstetrics & Gynecology or American Osteopathic Board of Obstetrics and Gynecology?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b	Are all midwives certified/registered/licensed as required by your state? <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Is an anesthesiologist on-staff and on-site at all times?		<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Describe the electronic fetal monitoring procedures in place:		
14	Do you induce labor? If YES , with:		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Pitocin/Oxytocin?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Amniotomy?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other (describe)		<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Do you use epidurals? If YES , who administers?		<input type="checkbox"/> Yes <input type="checkbox"/> No
16	Is a physician in attendance at any deliveries? If YES , describe :		<input type="checkbox"/> Yes <input type="checkbox"/> No
17	Does a midwife perform any deliveries unsupervised by a physician? <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
18	Do you require evidence of coverage/limits of liability from physicians/midwives at least equal to the entity's professional liability limits?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Is a physician "on call" or "on site" during all of the entity's hours of operation?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	On - Call		<input type="checkbox"/> Yes <input type="checkbox"/> No
	On -Site		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Describe the emergency c-section protocols in place		

VII. ACKNOWLEDGEMENTS, AUTHORIZATION and SIGNATURE

PLEASE PROVIDE ADDITIONAL COMMENTS THAT WOULD FURTHER CLARIFY THE INFORMATION ABOVE OR ADDRESS CHARACTERISTICS OF YOUR PRACTICE NOT SPECIFICALLY ADDRESSED HEREIN.

By signing this Application, you represent and agree to the following:

FRAUD WARNING

Notice to Applicants of all states except New Jersey, New York, Pennsylvania, and Washington D.C.:

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties and denial of insurance benefits.

Notice to New Jersey Applicants:

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to New York Applicants:

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each provision.

Notice to Pennsylvania Applicants:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

