

Roush Insurance Services, Inc.

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- Deerfield Insurance Company
- Evanston Insurance Company
- Essex Insurance Company
- Markel American Insurance Company
- Markel Insurance Company
- Associated International Insurance Company

MEDICAL INCIDENT FORM, PART II

This is to certify that to the best of my knowledge I am unaware of any of the following adverse results/circumstances occurring in my practice in the last (5) years:

1. Death, unexpected or unexplained
2. Paralysis, paraplegia, quadraplegia
3. Spinal cord injury
4. Brain damage
5. Total or partial loss of limb, or loss of the use of limb
6. Sensory organ or reproductive organ impairment
7. Disability or disfigurement
8. Any assertion by a patient that he/she has been medically injured
9. Any injury to a part of the anatomy not undergoing treatment
10. Misdiagnosis of a patient's condition resulting in substantially increased morbidity
11. Any assertion by the patient or family that no consent for treatment (medical or surgical) was given
12. Neurological deficit not present at admission or prior to surgery
13. Cardiac arrest unexpected
14. Suicide
15. Wrong patient, wrong site
16. Second or third degree burns inflicted during treatment
17. Hospital incurred trauma
18. Unplanned removal of an organ or part
19. Injury/death to either child or mother during delivery
20. Any birth when the baby is stillborn, expires shortly after delivery, or is transferred to an I.C.U.
21. Complicated delivery, poor outcome
22. APGAR less than 4 or requiring resuscitation
23. Any request for medical records from an attorney or notification of an intent to sue
24. Any request for copies of any patient's records by a patient or patient's attorney other than for a normal transfer of records.

Exception to the above (provide full details here)

I/We understand information submitted herein becomes a part of my/our application for insurance and is subject to the same representations and conditions.

Name of Applicant

Title (Officer, partner, etc.)

Signature of Applicant

Date

The applicant agrees that the aforementioned statements are his/her representations, that they shall be deemed material and that any policy issued is done so in reliance upon the truth of such representations.