



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

SUPPLEMENT FOR NEUROMONITORING – INTEROPERATIVE SERVICES

All questions MUST be completed in full.

If space is insufficient to answer any question fully, attach a separate sheet.

1. Full name of Applicant: _____
2. Number of employed neurophysiologist technicians? _____
3. Provide the percent of neurophysiologist technicians that have the following certification:
 - CNIM _____%
 - DABNIM _____%
 - Other (describe) _____%
4. Number of surgical cases:
 - (i) estimated for the next twelve months _____
 - (ii) last twelve months _____
5. Does the Applicant have any contracted neurophysiology technicians? [] Yes [] No
 If Yes,
 - (a) Number of contracted neurophysiology technicians? _____
 - (b) Does the Applicant require all contracted neurophysiology technicians to carry their own Professional Liability Insurance? [] Yes [] No
 If Yes,
 - (i) What are the minimum limits of liability that are required? _____
 - (ii) Does the Applicant require Certificates of Insurance? [] Yes [] No
6. Does the Applicant have any employed or contract physicians that provide remote monitoring in conjunction with neurophysiology technicians? [] Yes [] No
 (a) If Yes,
 - (i) What percentage of total cases are monitored by a physician? _____
 - (ii) Is coverage requested for physician(s)? [] Yes [] No
 If coverage is requested for physician(s), complete our Application for Physicians & Surgeons Professional Liability Insurance (MM -30000) for each physician.
 - a. If No, coverage is not requested:
 - i. What are the minimum limits of liability that the Applicant requires physicians to carry? _____
 - ii. Does the Applicant require Certificates of Insurance? [] Yes [] No
 - (b) If No, is remote monitoring done by non-physician medical professionals? [] Yes [] No
 If Yes,
 - (i) What percentage of total cases are remotely monitored by non-physician medical professionals? _____
 - (ii) Describe the training of non-physician medical professionals that provide remote monitoring. _____
- (c) Does the Applicant require all contracted physicians and contracted non-physician medical professional that provide remote monitoring their own Professional Liability Insurance? [] Yes [] No
 If Yes,
 - (i) What are the minimum limits of liability that are required? _____
 - (ii) Does the Applicant require Certificates of Insurance? [] Yes [] No
7. Provide the percent of annual cases by surgery type:
 - Cardiothoracic _____%
 - Interventional Radiology _____%
 - Neurosurgery _____%
 - Orthopedic _____%
 - Otololaryngology _____%
 - Vascular _____%
 - Other (describe) _____%

8. Provide the following information for all states in which the Applicant operates:

| <u>State</u> | <u>Percentage of Cases</u> |
|--------------|--------------------------------|
| _____ | _____ % |
| _____ | _____ % |
| _____ | _____ % |
| _____ | _____ % |
| _____ | _____ % |
| _____ | _____ % |

9. Does the Applicant have a training school? [] Yes [] No
(a) If Yes, describe the training provided. _____

10. Does the Applicant:
- (a) Verify the neurophysiology technician's experience in all types of modalities and match up with appropriate surgical cases? [] Yes [] No
 - (b) Have a formal Quality Control Program to review adverse cases? [] Yes [] No
 - (c) Store patient data and reports for a minimum of seven years? [] Yes [] No

Signing this Supplement does not bind the Company to provide or the Applicant to purchase the insurance.

It is understood that information submitted herein becomes a part of the application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by director, executive officer, partner or equivalent (within 60 days of the proposed effective date).

Name of Applicant

Title

Signature of Applicant

Date