



# American Optometric Society



## Property Casualty Insurance Program

### CONTRACT INFORMATION:

Business Name: \_\_\_\_\_ Entity (LLC, Inc.) \_\_\_\_\_  
 Street: \_\_\_\_\_ Federal ID # \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Insured Contract: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

### BUSINESS OVERVIEW/HISTORY:

Annual Sales: \_\_\_\_\_ Annual Receipts: \_\_\_\_\_ Total Payroll: \_\_\_\_\_  
 Current Carrier: \_\_\_\_\_ Total Premium: \_\_\_\_\_ Eff. Date: \_\_\_\_\_  
 Yr Business Established: \_\_\_\_\_ Losses in last 3 years:  Yes  No (If yes, please explain)

### PROPERTY:

Location Address:	Building Replacement Cost	Contents Replacement Cost	Sq. Feet Occupied	% of Building Occupied	Building Construction	Sprinkler (Y, N)	Year Building Constructed
1. _____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____

Property Deductible:  \$500  \$1,000  \$2,500

### WORKERS COMPENSATION:

Class Code	Payroll	Number of Employees per Class
Clerical 8810	_____	_____
Physician 8832	_____	_____
Lens Alterations 8013	_____	_____

### GENERAL LIABILITY LIMITS:

1,000,000 / 2,000,000  2,000,000 / 4,000,000

### AUTO: Any autos titled to the practice: Yes No (If yes, complete form below.)

Year	Make	Model	VIN#
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Driver Name	License #	Birth Date	State of License
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

### EMPLOYMENT PRACTICES LIABILITY: 25,000 / 250 Ded; 50,000 / 500 Ded; 100,000 / 1,000 Ded

### OPTOMETRIST PROFESSIONAL LIABILITY LIMITS: 1,000,000/2,000,000; 1,000,000/3,000,000; 2,000,000/4,000,000

Claims Made Policy:  Yes  No If yes, Retroactive Date: \_\_\_\_\_  
 Percentage of business that comes from co-management: \_\_\_\_\_  
 Number of Optometrists: Full time \_\_\_\_\_ Part time \_\_\_\_\_  
 Are any optometrists performing services for any other clinic?  Yes  No  
 If Yes, please provide brief explanation: \_\_\_\_\_

**Please Fax Completed Application to AOS Insurance Contact:**

**Marc Goeders**

Holmes Murphy & Associates, Inc.  
 American Optometric Society Insurance  
 Phone: 515-223-7027 | Fax: 515-221-8799  
 Email: [mgoeders@holmesmurphy.com](mailto:mgoeders@holmesmurphy.com)



# 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.	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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 those optometrists ever been cancelled, non-renewed or declined?  Yes  No

If Yes, explain: \_\_\_\_\_

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

\_\_\_\_\_

5. Do you employ any ophthalmologists?  Yes  No

6. Any Laser Correction procedures done?  Yes  No If yes, Retroactive Date: \_\_\_\_\_

7. 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

8. Do any of the above optometrists perform surgery?  Yes  No

If Yes, explain: \_\_\_\_\_

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

10. If the answer to Question 8 is "Yes," please answer the following questions:

a. Do you receive any financial compensation for the referral or co-management of patients?  Yes  No

b. What percent of your total revenues come from referral or co-management services? \_\_\_\_\_%

c. Do you assume sole responsibility for the pre- or post-operative care of that patient?  Yes  No

d. Provide the following information of the ophthalmologist or eye-care clinic's Professional Liability Coverage:

Insurer: \_\_\_\_\_

Limits: \_\_\_\_\_ Expiration Date: \_\_\_\_\_



## Fraud Statement

Please read the statement applicable to your state, then sign and date.

- **COLORADO:** it is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of any insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.
- **DISTRICT OF COLUMBIA:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- **FLORIDA:** Any person who knowingly and with intent of defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.
- **MAINE:** It is a crime to knowingly provide false, incomplete and misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
- **MICHIGAN:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000,000.
- **MINNESOTA:** A person who submits an application of files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
- **NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.
- **OHIO:** Any person who, with the intent of defraud or knowing that they are facilitating a fraud against an insurer, submits and application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- **OKLAHOMA:** Warning: Any person who knowingly, and with intent to injure, defraud or deceive an insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- **OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud or deceive any insurer by submitting an application containing a false statement as to any material fact, may be violating state law.
- **UTAH:** For your protection, Utah law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.
- **VIRGINIA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- **WISCONSIN:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- **ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 the person to criminal and civil penalties.

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Signature of Applicant

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Date

**Marc Goeders**

Holmes Murphy & Associates, Inc.

Phone: 515-223-7027 | Fax: 515-221-8799

Email: [mgoeders@holmesmurphy.com](mailto:mgoeders@holmesmurphy.com)