

Medical Malpractice Joint Underwriting Association of Rhode Island

ONE TURKS HEAD PLACE - SUITE 200 - PROVIDENCE RI 02903

Items 1 and 2 Pertain to Completing the Census Information Below. This information is required if you selected ‘Yes’ to the question for Professional Employees on the Professional Liability application.

Item 1. Please indicate the number and type of employees, contractors and/or volunteers. If none, indicate “none” in the chart below.

Item 2. Are your employees required to carry individual Professional Liability Insurance?

Profession	Employed	Contracted	Volunteers	Required to Carry Professional Liability Insurance
Counselors				
Opticians				
Laboratory Technicians				
Optometrists				
Dietician				
Nurse Anesthetists				
Perfusionists				
Nurses, Licensed Practical				
Pharmacists				
Nurse Practitioner				
Physical Therapist				
Nurses, Registered				
Nurse Aide				
Podiatrists				
Physicians on Staff				
Physicians on Call				
Dentists				
Physician Assistant				
Social Workers				
Speech Therapists				
Other – Specify:				
None				

I hereby warrant that the information contained in this application is accurate and complete to the best of my knowledge. I understand that this application shall be considered a part of the terms and conditions of my insurance policy with the Joint Underwriting Association.

Item 3. I elect to apply for the risk management premium credit of 5% by attesting that 50% of my employees will be taking the risk management assessment courses as directed by the MMJUA of RI.

Yes, I elect to have my employees complete the risk management assessment for premium credit.

No, I decline to have my employees complete the risk management assessment for premium credit.

Named Insured Representative, Title (Print)

Named Insured Representative (Signature) Date