

## CHIROPRACTOR SUPPLEMENTAL APPLICATION

- 1) Full Name of Applicant:
  
- 2) Address:
  
- 3) Does the applicant perform any of the following services?
 

a. Manipulation Under Anesthesia	Yes	No
1. are you licensed to perform Manipulation Under Anesthesia?	Yes	No
2. % of patient population:		
b. Prenatal Care	Yes	No
If Yes, what % of patient population:		
c. Pediatric Care	Yes	No
If Yes, what % of patient population:		
  
- 4) Does the applicant require coverage for an entity? Yes    No

If Yes, provide the following:

  - a. Name of Entity:
  - b. Ownership Structure:
  - c. Breakdown by staff as follows:
 

Chiropractors	Registered Nurses
Physical Therapists	Other (Non-Licensed)
  - d. Include COI's evidencing equal PL limits for any chiropractor, physician, or naturopath that works on behalf of the entity (if it is an owned entity)
  
- 5) Do you provide your own X-Rays at your practice location? Yes    No

If Yes:

  - a. Does everyone who takes X-Rays have proper and current certification/training? Yes    No
  - b. Do you always use the 10-day rule for X-Raying females of childbearing age? Yes    No
  
- 6) When a patient presents with signs or symptoms of cerebrovascular insufficiency, do you:
 

a. Assess cerebral flow?	Yes	No
b. Document your findings prior to any cervical spine manipulations?	Yes	No
c. Refer the patient to a specialist or non-invasive diagnostic imaging if the signs are not resolved with normal local care?	Yes	No

If you answered No to any of the above questions, provide an explanation as to why this measure has not been implemented:

- 7) Have you ever had any state license to practice chiropractic revoked, suspended, or involuntarily surrendered?  
If Yes, please provide complete details:

Please attach the following information:

- If you answered Yes to Question 3a.: provide copies of your MUA certification(s)

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD only.

**Applicable in CO:** 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 an 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 the 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.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, 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)\*. \* Applies in FL only.

**Applicable in KS:** Any person who knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented, to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** Any person who knowingly and with 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 subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY only.

**Applicable in ME, TN, VA, and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME only.

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

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Applicable in all other States:** Any person who knowingly and with 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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Title:

Date:

**If you prefer not to return the questionnaire with an electronic signature, please print and sign.**