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MIDWIFE SUPPLEMENTAL APPLICATION

This Supplemental Application is to be used in conjunction with the Birthing Centers Application. No coverage for Midwives will be bound unless both the Birthing Centers Application and this Midwife Supplemental Application have been completed.

1. Applicant Information

Today's Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: () _____ Fax: () _____

2. Business Activities

1. Annual Gross Income: \$ _____

2. Person providing accounting and tax services:

a. Name: _____

b. Address: _____

3. Are you seeking:

a. Insurance to cover work done exclusively by you? Yes No

b. Insurance to cover work done by others under your direction? Yes No

c. Insurance to cover the actions of individuals on your payroll? Yes No

4. Describe in detail the regular operations and services you provide: _____

5. If licensed, do you have admitting privileges of your own at any hospital(s)? Yes No
 If yes, which hospital(s)? _____

6. Have you ever applied for admitting privileges and been turned down? Yes No

7. Please attach a copy of risk criteria.

8. If you attend home births, please list the following:

a. Supplies and equipment you take to home births: _____

b. Prescription drugs you take to home births: _____

9. Who assists you, and what are their qualifications? _____

10. Do you have transfer agreements with any hospitals? Yes No
 If yes, please identify: _____

11. Number of births during the past 12 months:

BIRTHING CENTERS	HOMES	HOSPITALS

12. Number of births estimated for the next 12 months:

BIRTHING CENTERS	HOMES	HOSPITALS

13. Number of births during the past six years:

YEAR	BIRTHING CENTERS	HOMES	HOSPITALS

14. Do you work under physician supervision? Yes No
 15. Do you have a physician write orders? Yes No
 16. Do you have prescriptive privileges? Yes No
 17. Do you supervise students? Yes No

3. Education

1. What is the name of the midwife school you attended? _____
2. What is the approximate time period you attended this school? From: _____ To: _____
3. How many babies did you assist to deliver as a student? _____
4. How many births did observe while in school? _____
5. Please list the names of your instructors during your apprenticeship: _____

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or

does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name