



**SUPPLEMENTAL APPLICATION FOR
BIRTHING CENTERS**

**MISCELLANEOUS HEALTHCARE FACILITIES
PROGRAM**

NOTE – Coverage is not afforded by this policy to any resident, intern, physician, surgeon, dentist, psychiatrist, licensed or certified registered nurse anesthetist, nurse midwife, podiatrist or chiropractor for rendering or failure to render professional services.

NOTICE OF POSSIBLE REDUCTION OF LIMITS OF INSURANCE

IF COVERAGE IS ISSUED BY THE COMPANY TO THIS FACILITY, BE AWARE OF THE POLICY PROVISION WHICH STATES IN ESSENCE THAT, IF A PHYSICIAN WHO UTILIZES YOUR FACILITY DOES NOT CARRY INDIVIDUAL PROFESSIONAL LIABILITY INSURANCE WITH LIMITS EQUAL TO OR GREATER THAN THE LIMITS OF INSURANCE PROVIDED UNDER THE FACILITY'S POLICY, THEN THE LIMITS OF INSURANCE AVAILABLE TO THIS FACILITY FOR ANY CLAIM UNDER THIS POLICY SHALL NOT EXCEED THE LOWEST LIMIT MAINTAINED BY THE INDIVIDUAL PHYSICIAN.

WE, THEREFORE, ENCOURAGE THIS FACILITY TO REVIEW ITS MEDICAL STAFF BYLAWS ONCE AGAIN AND THEIR EFFECT THEY MAY HAVE ON ANY CLAIMS REPORTED TO THE COMPANY AT A LATER DATE.

Instructions to the Applicant.

- A. Please answer **all** the questions on this supplemental application(s). The information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to that evaluation.
- B. If a question is not applicable, state "N/A". If more space is required to answer a question, continue on your letterhead.
- C. The application must be signed and dated by an owner, partner, officer or director of your facility.

The following additional information is required. Any delay in providing this information will delay the company's decision to provide requested coverage:

- A. Patient-informed Consent forms
- B. Brochures, pamphlets, advertisements, or other descriptive literature of operations and services
- C. Credentialing guidelines

I. GENERAL INFORMATION

Applicant's / Entity Name: _____

II. OPERATIONS

1. Provide a list of all owners including their percentage of ownership:

Name	% Ownership
_____	_____ %
_____	_____ %
_____	_____ %

Must total 100%

2. May any qualified physician apply for privileges at this facility? Yes No

3. Hours of Operation _____
How many shifts are maintained _____
Number of Birthing Suites _____

4. What percentage of patients are discharged within:

- 24 hours? _____ %
- 48 hours? _____ %
- 72 hours? _____ %
- longer (please explain)? _____ %

On a separate page, please describe the discharge procedures for mother and infant, including protocols for discharge within 24 hours and after 24 hours.

5. Are patients screened prior to delivery to determine that they are low risk and able to undergo a routine delivery? Yes No

(Non-low risk patients include, but are not limited to those with diabetes, pre-eclampsia, maternal high blood pressure, placenta problems, previous birth complications)

4. Please provide the following:

	Annual Number		
	Projected	Current	Past Year
vaginal deliveries			
VBAC deliveries			
caesarian section deliveries - scheduled			
caesarian section deliveries - emergency			
patients transferred to hospital after delivery			
Multiple births			
Employed physicians full-time			
Employed physicians part-time			
Contracted physicians (# hrs)			
Employed midwives full-time			
Employed midwives part-time			
Contracted midwives (# hrs)			

5. a. Is every physician affiliated with the entity a member of the American Board Certified Ob/Gyn? Yes No
 b. Are all midwives certified/registered/licensed as required by your state? Yes No
6. Is an anesthesiologist on-staff and on-site at all times? Yes No
7. On a separate page, please describe the electronic fetal monitoring procedures in place
8. a. Do you induce? Yes No
 b. If so, with:
 Pitocin / oxytocin Yes No
 Amniotomy Yes No
 Other (describe) _____ Yes No
 c. Do you use epidurals? Yes No
 d. If yes, who administers the epidurals?

9. a. Is a physician in attendance at all deliveries? Yes No
 b. Does a midwife perform any deliveries unsupervised by a physician? Yes No
 c. Do you require evidence of coverage/limits of liability from physicians/midwives at least equal to the entity's professional liability limits? Yes No
10. Is a physician "on call" or "on site" during all of the entity's hours of operation? On Call On Site
11. On a separate page, please describe the emergency c-section protocols in place.

I understand the information submitted herein becomes a part of my General Star Insurance Application and is subject to the same warranty and conditions.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Signature of Owner, Officer or Partner

Print or Type Name and Title

Date (month-day-year)