

# Physician's Exposures Supplement



**Instructions:** Complete this supplement in its entirety. If a specific item is not applicable, state N/A. If the space provided is insufficient to complete the item, attach a separate sheet. Please note this supplement is part of the application and all warranties and statements contained therein apply to this supplement.

**P.1.1 Credentialing**  
Is there a written policy and procedure for credentialing of physicians, surgeons, and dentists who provide professional services at your entity?  Yes  No  
If yes, attach a copy of the policy and procedure. If no, describe in detail your entity's credentialing process.

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**P.1.2 Insurance Verification\***  
Does your entity require proof of insurance of physicians, surgeons, and dentists?  Yes  No  
If yes, does the entity determine the type of coverage (occurrence or claims-made)?  Yes  No  
If yes, does the entity require those with claims-made coverage to purchase the "tail" if the policy is cancelled?  Yes  No

**P.1.3 Physician Listing**  
List by individual profession, each physician, surgeon, and dentist who provides professional services at your entity on the second sheet of this supplement. Include *all* types (employed, contract, and staff). Indicate limit of professional liability carried by each.

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**P.1.4. Additional Staffing**  
Does the entity anticipate employing or contracting with any additional physicians, surgeons, or dentists during the next 12 months?  Yes  No  
If yes, please indicate approximate number(s) and specialty(ies): \_\_\_\_\_

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**P.1.5. Large Claim**  
Has any of the entity's physician staff had a claim or suit where the indemnity payment or reserve was greater than \$10,000?  Yes  No

Send submissions to: [healthcare@iscmga.com](mailto:healthcare@iscmga.com)