

PHYSICIAN/HOSPITAL PROFESSIONAL LIABILITY
SUPPLEMENTAL QUESTIONNAIRE

Name of Insured

Street Address

City

State

Zip Code

Certificate or
Account Number

B: Outpatient Services: *

| Fiscal Year-Ending Mo/day/year | Emergency Room | Outpatient Surgery | Outpatient Clinic | Other (Explain) |
|--------------------------------|----------------|--------------------|-------------------|-----------------|
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*Count each visit only once, do not count the total number of tests or procedures performed each visit.

2. Are there any plans for expansion or reduction in the amount or mix of patient services being provided? Please describe.

3. Are there any subsidiaries such as satellite clinics or doctors' offices that generate service for the institution for which insurance is to be included and exposures have not been included in items 1a and b above?

_____ Yes _____ No | Describe: _____

If yes please indicate the total number of patient visits and the total revenue in each of the last 10 years for all such **subsidiary or satellite** clinics or doctors' offices.

| Fiscal Year Ending | | | Patient Visits | Revenues (Optional) |
|-----------------------|-------|-------|----------------|---------------------|
| Mo / | Day / | Year | | |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |

4. Are there provider-based physicians to be covered by the insurance program?
 _____ Yes _____ No

5. Are there residents and interns to be covered by the insurance program?
 _____ Yes _____ No

If yes please provide an historical listing of covered interns. If not available for older years, provide for current year

6. Please provide an historical listing of covered physicians by specialty. If not available for older years, provide for current year, using Exhibit 1.

WEST VIRGINIA BOARD OF RISK AND INSURANCE
Current Number of Physicians by Specialty

Exhibit 1

| No. | Specialty | No. | Specialty |
|------------|------------------------|------------|--------------------|
| | Anesthesiology | | Pathology |
| | Emergency | | Pediatrics |
| | Cardiac Surgeon | | Psychiatry |
| | General Surgeon | | Psychology |
| | Gynecology | | Radiology |
| | Neonatology | | Allergy |
| | Neurosurgeon | | Dentist |
| | Obstetrics | | Dermatology |
| | Orthopedics | | Endocrinology |
| | Otology | | Geriatrics |
| | Pediatric Surgeon | | Hematology |
| | Plastic surgeon | | Infectious disease |
| | Podiatry | | Internal Medicine |
| | Urology | | Nephrology |
| | Cardiovascular Disease | | Neurology |
| | Gastroenterology | | Physical medicine |
| | General medicine | | Pulmonary Disease |
| | Ophthalmology | | Rheumatology |