

# SURPLUS LINES HEALTHCARE FACILITY

## Laboratories – Supplemental Application

*Underwritten by The Hanover Atlantic Insurance Company, Ltd.*

### Instructions:

- This application must be completed *in conjunction* with our Healthcare Facility Common Application.
- PROVIDE A COPY of your most recent state or independent accreditation survey results, to include your responses to any recommendations.
- Complete a separate supplemental application for each state you perform services in or provide the breakout of the requested information by state in an attachment.

**Name of Applicant:** \_\_\_\_\_

**These operations are conducted in what state?** \_\_\_\_\_ If multi-state, please complete a **separate** supplemental for each state or provide the breakout of the requested information by state in an attachment.

Service	Actual Annual Gross Revenue	Projected Annual Gross Revenue
Assisted Reproductive Treatment/Techniques	\$	\$
Blood Bank	\$	\$
Blood Gas	\$	\$
Chemistry	\$	\$
Cytology	\$	\$
DNA/Genetic Testing	\$	\$
Endocrinology	\$	\$
Hematology	\$	\$
Histology	\$	\$
Immunology	\$	\$
Microbiology	\$	\$
Molecular Diagnostics	\$	\$
Parasitology	\$	\$
Paternity Testing	\$	\$
Pathology	\$	\$
Pharmacogenomics	\$	\$
Research	\$	\$
Serology	\$	\$
Sperm Bank	\$	\$
Toxicology	\$	\$
Urology	\$	\$
Virology	\$	\$
OTHER (describe):	\$	\$
Total	\$	\$

1. The applicant is accredited by: ☐ CLIA ☐ CAP ☐ Other: \_\_\_\_\_  
If Not accredited, please explain why: \_\_\_\_\_
2. Has the applicant had any regulatory violations or CLIA sanctions in the last 5 years? ☐ Yes ☐ No  
If Yes, please provide details in an email including a copy of the citation (if applicable), your response, and status.
3. Do any of the applicant's lab test reports provide a course of treatment? ☐ Yes ☐ No  
If Yes, describe: \_\_\_\_\_
4. Lab test results are communicated to: (Breakout by %, total of all 3 should equal 100%.)  
\_\_\_\_\_% Ordering Physician    \_\_\_\_\_% Direct to Consumer    \_\_\_\_\_% Other: (describe): \_\_\_\_\_
5. Does the lab perform proficiency testing on all lab tests and routine maintenance on all equipment? ☐ Yes ☐ No
6. Does the applicant have an electronic tracking system for all specimens that are processed? ☐ Yes ☐ No
7. Are there formal policies and procedures for communicating results to the referring clinician and patient? ☐ Yes ☐ No
8. Are there formal policies and procedures that address timely communication of abnormal findings? ☐ Yes ☐ No
9. How often are state regulations for clinical laboratories examined to ensure compliance? \_\_\_\_\_
10. Is the applicant performing any drug or alcohol testing? ☐ Yes ☐ No
  - a. If Yes, are DOT rules adhered to? ☐ Yes ☐ No
  - b. If Yes, what percentage of tests are court ordered? \_\_\_\_\_%  
Provide description of court ordered tests with revenues: \_\_\_\_\_
11. What types of specimens are collected for applicant lab tests (check all that apply)?  
☐ Blood    ☐ Saliva/Nasal    ☐ Urine/Stool    ☐ Tissue    ☐ Other: \_\_\_\_\_
12. Breakout specimen collection by percentage:  
\_\_\_\_\_% Of specimens are collected on site by applicant  
\_\_\_\_\_% Of specimens are collected from applicant's collection centers  
\_\_\_\_\_% Of specimens are collected by non-affiliated providers or centers  
\_\_\_\_\_% Of specimens are collected by patient/consumer
13. Is the applicant a reference lab? ☐ Yes ☐ No
14. Are other labs utilized to perform certain tests? ☐ Yes ☐ No  
If Yes: Name of reference lab(s): \_\_\_\_\_  
Description of each test & revenues attributed to them: \_\_\_\_\_  
\_\_\_\_\_  
Are hold harmless agreements & indemnification clauses required in the contract? ☐ Yes ☐ No  
Does applicant obtain written proof of insurance? ☐ Yes ☐ No  
If Yes, what limits? \_\_\_\_\_

### AUTHORIZATION

I have answered the questions in this Application to the best of my ability and declare that, to the best of my knowledge, the statements set forth herein are true and correct. My signing of the Application does not bind the insurance Company to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a policy be issued.

**GENERAL FRAUD NOTICE:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

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**ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, MARYLAND, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**COLORADO:** 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.

**FLORIDA AND OKLAHOMA:** 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 in FL).

**KANSAS:** 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

**KENTUCKY, OHIO AND PENNSYLVANIA:** 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.

**MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON:** 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.

**NEW HAMPSHIRE AND NEW JERSEY:** Any person who includes any false or misleading information to the best of her/his knowledge on an application for an insurance policy is subject to criminal and civil penalties.

**OREGON:** 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.

**PUERTO RICO:** 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.

**NEW YORK:** 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 civil penalties not to exceed five thousand dollars and the stated value of the claim for each such violation.

SIGNATURE OF APPLICANT'S AUTHORIZED REPRESENTATIVE

SIGNATURE IN FULL: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

THE APPLICATION MUST BE COMPLETED IN FULL, SIGNED AND DATED BY A PRINCIPAL OF THE BUSINESS.