



For additional information, please contact:

*Robert Davidson*

**USI OPTOMETRIC**

Phone: 800-621-8412 or 312-442-7244

Fax: 312-425-7544

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**POLICY EFFECTIVE DATE:** \_\_\_\_\_

**PAYMENT PLAN (please choose only one):**

**Annual:** \_\_\_\_\_ **Semi-Annual\*:** \_\_\_\_\_ **Quarterly\*:** \_\_\_\_\_

\* - 6.00 Service Fee Applicable

**Name:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

Individual       Partnership       Corporation       Other, please describe: \_\_\_\_\_

1. How long have you been in the optometric business under this name? \_\_\_\_\_ YRS.
2. Have you ever been in the optometric business under another name? YES NO  
If yes, please specify business name(s): \_\_\_\_\_
3. Are you involved in co-management of laser or surgical procedures? YES NO  
**If yes, please complete supplemental application attached, if not skip page 3**
4. Any policy or coverage declined, cancelled, or non-renewed during the prior 3 years? YES NO
5. (If yes, please explain.) \_\_\_\_\_
6. Will you be working less than 20 hours a week? YES NO

**PROFESSIONAL LICENSING and additional information** (provide details to any questions answered YES on separate sheet)

Profession	State	License #	Effective Dates

**MEMBERSHIP IN PROFESSIONAL SOCIETIES** - Please list current membership in local (county), state, or national professional societies.

Name	Dates

STATE CONTROLLED SUBSTANCE LICENSE# \_\_\_\_\_

FEDERAL DEA REGISTRATION # \_\_\_\_\_

OTHER REGISTRATION # \_\_\_\_\_

**Professional Licensing continued (Circle Yes or No)...**

1. Has your license to practice your profession (optometry, medicine, etc.) in any jurisdiction ever been reprimanded or had probationary status? YES      NO
2. Has your license to practice your profession (optometry, medicine, etc.) in any jurisdiction ever been suspended, or revoked? YES      NO
3. Have your privileges at any hospital or institution ever been suspended, diminished, revoked, or not renewed? YES      NO
4. Have you ever been denied membership or renewal thereof, or been subject to disciplinary action in any optometric, medical organization or other agency? YES      NO
5. Have you been named in a malpractice action within the last five years? YES      NO
6. Has your employer been sued for your actions or has any formal or informal claim been made against you? YES      NO
7. Have any disciplinary actions or investigations been initiated, or any pending, against you by any state licensing board? YES      NO
8. Have you ever been the subject of disciplinary proceedings or investigations at any hospital or healthcare facility? YES      NO
9. Has your registration with the DEA or a state controlled substance agency ever been suspended or revoked? YES      NO

**If you answer yes to questions 1-9, please attach a separate sheet of paper with detailed information**

**INSURANCE** –list other professional liability insurance carried within the last 5 years

Policy #	Carrier	Expiration Date

**IDENTIFY ANY MALPRACTICE CLAIMS MADE WITHIN LAST 5 YEARS:**

Date of Loss	Description of Loss	Amt. Paid/Reserved



## FRAUD STATEMENT

- CALIFORNIA:** In addition, any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state when, in fact, that applicant resides or is domiciled in a state other than this state, is subject to criminal and civil penalties.
- 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, and 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.
- DISTRICT OF COLUMBIA:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- FLORIDA:** 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.
- MAINE:** 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 or a denial of insurance benefits.
- MASSACHUSETTS: NOTICE:** If you or someone else on your behalf gives us false, deceptive, misleading or incomplete information in this application and if such false, deceptive, misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance.
- MICHIGAN:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.00.
- MINNESOTA:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
- NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.
- OHIO:** ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.
- OKLAHOMA:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- 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.
- 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 the person to criminal and civil penalties.
- RHODE ISLAND:** *In Rhode Island this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.* DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? \_\_\_ YES \_\_\_ NO
- UTAH:** For your protection, Utah law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."
- VIRGINIA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- WISCONSIN:** 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 or a denial of insurance benefits.
- ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 the person to criminal and civil penalties.

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Print Applicant Name

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Applicant Signature

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Date

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE.  
APPLICATION IS SUBJECT TO UNDERWRITING REVIEW.