



## CANCER TREATMENT RADIATION/NUCLEAR MEDICINE RENEWAL APPLICATION

**Instructions**

- Please read the instructions carefully. Complete and submit all requested information and/or required attachments. This application and all materials submitted shall be held in confidence.
- All application questions must be fully answered. If a question does not apply, please write "N/A".
- If more space is required, continue on a separate sheet of the applicant's letterhead and indicate the question number.

1. Name of Applicant: \_\_\_\_\_  
(Provide names of all legal entities past and present that are intended for coverage. This would include any additional entities acquired this past year).
  
2. Do you want to change your current insurance structure?  Yes  No
  
3. Has the applicant had any change to their business operations over the past 12 months?  Yes  No  
If "Yes" have the exposures and losses been included with this application?  Yes  No
  
4. Are there any plans to acquire other facilities within the next 12 months?  Yes  No
  
5. Has there been any change in where services are provided?  Yes  No

**If the answer is "yes" to any of the above, provide details on a separate sheet of your letterhead.**

3. Type of Services (Check all that apply)

Alternative Treatments/Services	Annual Number of Treatments	
	Diagnostic	Therapeutic
Cytostatic Therapy		
Endorphine Receptors Therapy		
High Dose Methotrexate		
Insulin Primed Potentiation Therapy		
Metabolic Oncolysis (Hyperthermia) Therapy		
Mind-Body Medicine		
Naturopathic Medicine		
Nutritional		
Pain Management		
Urea Therapy		
Other: Describe:		
Chemotherapy		
Computed Tomography		
Cryotherapy		
Endoscopy		
Fluoroscopy		
Nuclear Therapy		
Laser		
Linear/Particle Accelerator		



**Cancer Treatment  
Radiation / Nuclear Medicine Renewal Application**

	Annual Number of Treatments	
	Diagnostic	Therapeutic
Mammography		
Radiation Therapy		
Internal radiotherapy (brachytherapy) – radioactive implants		
External radiotherapy (teletherapy) – external beam therapy, gamma knife		
Stereotactic radiosurgery (SRS)		
Stereotactic radiotherapy (SRT)		
Intensity modulated radiation therapy (IMRT)		
Three-dimensional imaging		
Respiratory gating		
Surgery (If performing surgery, complete Ambulatory Surgery Centers Application)		
Radiology		
Other: Describe		

10. Provide an updated loss history dated within 60 days for the past 5 years (including the current year) on a report-year basis. Loss data must include the incident/occurrence date, report date/claim made date, expense payments, indemnity payments, expense reserves, indemnity reserves, description of allegation and close date.

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**AUTHORIZATION**

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**Signature in full**

**Date**

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**Name - please print**

Agency Name and Address	Person submitting application	Telephone Number	E-Mail

**This product will be underwritten in one of the CNA property/casualty companies.  
CNA is a registered service mark and trade name of CNA Financial Corporation.**