



DIAGNOSTIC / IMAGING RENEWAL APPLICATION

Instructions:

1. Review your application completed last year in conjunction with this renewal application.
2. 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.
3. This application must be completed, signed and dated by an authorized officer of the entity.
4. If you need more space, continue on a separate sheet of your 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).

Do you want to change your current insurance structure? Yes No

2. 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

3. Are there any plans to acquire other facilities within the next 12 months? Yes No

4. Has there been any change in where services are provided? Yes No

If "yes" to any of the above please provide details on a separate sheet of your letterhead.

5. Is the applicant Accredited? Yes No.
 If Yes, by whom? _____

6. Type of Services (Identify "Annual Gross" receipts for those services that apply:

Services	Therapeutic Annual Gross Receipts	Diagnostic Annual Gross Receipts
Angiography	\$	\$
Bone Densitometry	\$	\$
CT, Computerized Tomography	\$	\$
EKG and EEG	\$	\$
ESI, Electron Microscopic Imaging	\$	\$
Fluoroscopy	\$	\$
Gamma Camera	\$	\$
Mammography	\$	\$
MRI, Magnetic Resonance Imaging	\$	\$
Interventional Radiology	\$	\$
Nuclear Medicine * (see footnote below)	\$	\$
Particle Accelerators	\$	\$
PET, Position Emission Tomography	\$	\$
Radiation Therapy * (see footnote below)	\$	\$
Ultrasound, Sonography	\$	\$
Stress Tests, Nuclear Cardiac	\$	\$
Terahertz Radiation	\$	\$
*Therapeutic Radiology, Cobalt(see footnote)	\$	\$
X-Ray, General Radiography	\$	\$
Other (describe):	\$	\$
Other (describe):	\$	\$



- 7. Who does the first read of the diagnostic/imaging test results?
 applicant's employed or contracted radiologist patient's personal physician
- 8. Who is responsible to provide the diagnostic/imaging test results to the patient?
 applicant's employed or contracted radiologist patient's personal physician
- 9. Applicant invoice/billing of patients. Check all that apply. Indicate percent of revenues. If N/A check here:
 Procedure: ____% of revenue Interpretation/reading of test results: ____% of revenue
 Neither
- 10. Applicant invoice/billing of other healthcare providers/payers. Check all that apply. Indicate percent of revenues. If N/A check here:
 Procedure: ____% of revenue Interpretation/reading of test results: ____% of revenue
 Neither
- 11. Does the facility provide: initial read over-read/second reads external peer review services?
- 12. General Liability – Has there been a change in the number of premises you own or lease? Yes No
 If yes, explain: _____
- 13. 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.

AUTHORIZATION

I have answered the questions in the 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.

FRAUD NOTICE – WHERE APPLICABLE UNDER THE LAW OF YOUR STATE

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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (for New York residents only: and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.) (For Pennsylvania Residents only: 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 seven years and payment of a fine of up to \$15,000.) (For Tennessee Residents only: Penalties include imprisonment, fines and denial of insurance benefits.)

Signature in full Date

Name - please print

ALL QUESTIONS MUST BE ANSWERED AND THE APPLICATION MUST BE SIGNED AND DATED.

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.