



EDGE PROFESSIONAL LIABILITY SERVICES

Application:

Please fill out all information. Feel free to add information you deem important. This information is crucial as it allows Edge to better assist you.

Needs Assessment:

Here Edge personnel will be looking for current needs, either in procuring coverage or with ongoing claims. Please use additional paper to raise issues you are concerned with or to list additional claims.

Service Agreement:

This allows Edge to act on your behalf. It will be necessary for Edge personnel to speak with and to obtain information from your insurance carrier, agent, defense attorney or others. It also limits our liability as our assessments are subordinate to the carrier's decision(s).

Application:	Form 1
Needs Assessment:	Form 2
Service Agreement:	Form 3

Confidentiality Note: We consider all information provided in this application confidential. All information is disclosed on a voluntary basis and is intended solely for use by us. Applicant acknowledges that the purpose for requesting the information is to better assist us in providing the services under the signed Service Agreement. At no time and under no circumstance will we share with, or sell to, any other organization or third party any of the information contained herein for any commercial or personal purpose without prior written authorization from Applicant permitting such disclosure.



APPLICATION

Physician's Name: _____ Specialty: _____

Office(s) Locations: _____

Office Contact (name): _____ Phone Ext: _____

Office Telephone Number: _____ Cellular Telephone Number: _____

Home Telephone Number: _____ Email Address: _____

Current Insurance Carrier: _____

Agency: _____

Agent's Name: _____ Telephone Number: _____

Policy Limits: _____

Policy Dates: _____ Retroactive Date: _____

Policy Type – Claims Made / Occurrence: _____

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SERVICE AGREEMENT

I hereby engage Edge Professional Liability Service ("Edge") to provide me with consulting services in connection with (a) the exercise of my rights under any claim (whether potential or actual) which may arise under my professional liability insurance and/or (b) any other matter specifically requested by me and agreed to by Edge (collectively, "Consulting Services

Subject to compliance with applicable laws governing patient confidentiality (including, but not limited to, HIPAA), I hereby (a) grant Edge and its agents and employees access to any documents, records and other information in my possession or under my control, (b) authorize Edge, as my representative and on my behalf, to obtain documents, records and other information from, and to speak and correspond with, any third parties including, but not limited to, the Board of Medical Examiners, insurance company representatives, agents and employees and any member of the defense team, and (c) agree to cooperate with Edge in all respects, in each of the foregoing cases, which Edge deems reasonably necessary to render effectively the Consulting Services.

I understand that the Consulting Services will be made in good faith based on all of the information made available to Edge. I further understand that all assessments and advice in connection with the Consulting Services will be subject and subordinate to factors beyond Edge's and my control, including, but not limited to carrier decisions. I agree that neither Edge nor its agents or employees has made any representations or guarantees with respect to the results of the Consulting Services.

I understand that Edge will render its advice in the form of a choice. While Edge will recommend the best "course of action" whenever possible, I agree that I shall be solely responsible for making all decisions with respect to any course of action and for the consequences of those decisions. Neither Edge, nor its agents and employees shall be liable to me for any losses, costs, expenses and other damages of any nature arising out of, or in connection with my decisions whether or not such decisions are based on the assessments and advice of Edge. Edge shall only be liable for actual, direct damages incurred by me in connection with its willful misconduct or gross negligence in the performance of the Consulting Services.

In consideration for the Consulting Services, I agree to pay Edge a fee of \$495.00. All extraordinary services shall be billed at \$150.00 per hour. These services are outlined in our brochure and will not be billed unless agreed upon by the client. Payment of the initial fee shall be made upon execution of this Agreement.

This Agreement may be amended or modified only by a written instrument executed and agreed to by both parties. This Agreement constitutes the entire agreement of the parties with respect to the Consulting Services and supersedes all prior contracts or agreements whether oral or written. This Agreement shall be governed by the laws of the State of New Jersey. If, at any time, it is impractical or contrary to the interests of either party to continue with the performance of the Agreement, either party may terminate this Agreement with fifteen (15) days written notice to the other party.

Signature: _____ Date: _____

Acknowledged and Agreed:

EDGE PROFESSIONAL LIABILITY SERVICES

Signature: _____ Date: _____

NEEDS ASSESSMENT

Claims History:

Closed Claims: (case caption)

Date Closed: _____ Date of Loss: _____

Disposition: i.e. payment / dismissal / trial/ other:

Amount Paid / Verdict:\$:

Brief Description:

Open Claims / Suits:

Type, (please circle): suit letter from patient
 letter from attorney phone complaint
 request for records Board of Medical Examiners issue
 other:

Date Reported: _____ Date of Loss: _____

Your Deposition: Date: _____

Trial Pending: Date: _____

Brief Description: _____

Defense Firm, (Your Attorney): _____



Telephone Number: _____

Personal Council: _____

Insurance Company: _____

Claim Representative: _____

Telephone Number: _____

Other Concerns: (i.e., settlement amount, excess of policy, NPDB, coverage issues):

Coverage availability, 1-5 (with 5 being very concerned): 1 2 3 4 5

Coverage affordability, 1-5 (with 5 being very concerned): 1 2 3 4 5

Carrier(s) Contacted and Quotes Obtained: _____

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