



**PHYSICIANS PROFESSIONAL LIABILITY INSURANCE  
Request for Locum Tenens Coverage**

***THIS FORM PROVIDES CLAIMS MADE COVERAGE. PLEASE READ THE ENTIRE POLICY CAREFULLY.***

**Policy Number:** \_\_\_\_\_

**SECTION 1 - GENERAL INFORMATION**

Insured:		
Address:	Insured's Phone #:	
City/State/Zip Code:		
Web Site:	Fax:	E-Mail:

**SECTION 2 – Locum Tenens Coverage Information**

Locum Tenens coverage is intended for solo practitioner or for Group Practices where there is only one physician in a given medical specialty. This coverage should not apply to a group of homogeneous medical practitioners, such as all emergency medicine groups, or all radiologists groups, or all obstetricians groups. The physicians in the group should cover the absence of another physician.

The Locum Tenens is the physician that substitutes for the PLICO insured physician while he/she is on vacation, attending a seminar, or on other approved absence. This coverage is not intended to be used as temporary insurance for an additional member of the staff, or to cover additional or overtime work.

All Locum Tenens physicians must be pre-approved by PLICO. If you plan to use the services of a Locum Tenens, you must notify PLICO at least two (2) weeks in advance, and provide complete underwriting information on each and every Locum Tenens. Once we approved a Locum Tenens to substitute for you, you do not have to submit underwriting information on that individual practitioner for future dates.

The Locum Tenens must have credentials similar to yours. That is, a radiologist must not contract with a family practitioner to substitute as Locum Tenens, unless the family practitioner can demonstrate to PLICO that he/she has current radiology training/experience.

Your PLICO policy provides you with thirty (30) days of Locum Tenens coverage at no additional premium. There is a fifteen (15) days extension that can be granted for an additional premium. Please give us a call if you have to be absent from work for more than thirty (30) days due to medical, training, or military reasons. Your coverage (policy) may be suspended; it will respond to claims otherwise covered by the policy that arise from medical services rendered prior to the commencement of the leave of absence. However, your premium will not accrue until you resume your medical practice.

Please give us a call if you have any questions regarding Locum Tenens coverage, suspension of coverage, or other underwriting issues. Thank you for your attention to this matter and your continued support to PLICO.



**SECTION 3: Locum Tenens Information**

\*\*Locum Tenens Name:

Address:

Medical Specialty:

Sub-Specialty:

Current Insurance Information:

Insurance Company:

Policy No.:

Policy Period:

Limits of Liability:

Substituting for:

Reason for Locum Tenens Coverage:

Dates(s) of Service:

\*\* A complete and signed PLICO Physician Application (PLICO PHYS APP) must accompany this request, unless the Locum Tenens has previously substituted for you, or for another PLICO insured. Please refer to [www.plico.com](http://www.plico.com) for a copy of the PLICO Application.

**SECTION 4 - WAIVER OF LIABILITY & CONSENT FOR RELEASE OF INFORMATION**

**APPLICABLE IN ARKANSAS**

**WARNING: 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.**

**APPLICABLE IN 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.**

I HEREBY DECLARE that all statements and answers herein are full, complete and true, to the best of my knowledge and belief, and that no material circumstance or information concerning the subject matter of the questions has been withheld or omitted.

I UNDERSTAND that the statements and answers herein will be relied upon by PLICO and are material in determining how the insurance coverage will be modified.

Signature \_\_\_\_\_ Date \_\_\_\_\_