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| Healthcare/Hospital Facilities Liability Application | |
| Historical Exposures Supplement | |

Notice: This supplement is part of the main Healthcare/Hospital Facilities Liability Application and is subject to the same warranties, representations and conditions.

# 1. Historical Hospital/Facility Professional Liability Exposures.

In addition to the current/expiring and prospective Hospital/Facility Exposure data requested on the main Healthcare/Hospital Facilities Liability Application, provide historical census data for years prior to the current or expiring coverage period as follows. If multiple locations are to be insured, totals for all applicants may be provided for each exposure type.

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| Years Prior to the Prospective Coverage Period (Annualized Data – Total of All Locations) | | | | | | | | | | | |
| Type | 2 Years Prior | 3 Years Prior | 4 Years Prior | 5 Years Prior | 6 Years Prior | 7 Years Prior | 8 Years Prior | 9 Years Prior | 10 Years Prior | 11 Years Prior | 12 Years Prior |
| Occupied Acute Care Beds |  |  |  |  |  |  |  |  |  |  |  |
| Occupied Long-Term Acute Care Beds |  |  |  |  |  |  |  |  |  |  |  |
| Occupied Sub-Acute Care Beds |  |  |  |  |  |  |  |  |  |  |  |
| Occupied Skilled Nursing Beds (LTC) (1) |  |  |  |  |  |  |  |  |  |  |  |
| Occupied Skilled Nursing Beds (LTC) (1) |  |  |  |  |  |  |  |  |  |  |  |
| Occupied Personal Beds (LTC) (1) |  |  |  |  |  |  |  |  |  |  |  |
| Occupied Independent Living Units (LTC) (1) |  |  |  |  |  |  |  |  |  |  |  |
| Occupied Cribs & Bassinets |  |  |  |  |  |  |  |  |  |  |  |
| Occupied Behavioral Health Beds |  |  |  |  |  |  |  |  |  |  |  |
| Occupied Rehabilitation Beds |  |  |  |  |  |  |  |  |  |  |  |
| Occupied Other Beds – describe: |  |  |  |  |  |  |  |  |  |  |  |
| Number of Deliveries |  |  |  |  |  |  |  |  |  |  |  |
| Number of Inpatient Surgeries |  |  |  |  |  |  |  |  |  |  |  |
| Number of Outpatient Surgeries |  |  |  |  |  |  |  |  |  |  |  |
| Number of Emergency Department Visits |  |  |  |  |  |  |  |  |  |  |  |
| Number of Outpatient Visits Excluding Home Health Care (2) |  |  |  |  |  |  |  |  |  |  |  |
| Number of Home Health Care Visits |  |  |  |  |  |  |  |  |  |  |  |
| *(1) Include data for all Long-Term Care Exposures whether contained within the hospital premises or at stand-alone facilities.*  *(2) Outpatient Visits including but not limited to Chemical Dependency, Rehabilitation or Therapy, Behavioral Health, and Clinic but excluding Home Health Care (separate category applies to Home Health Care). Use visits rather than occasions of service. For example, a patient referred to the hospital by a physician for a laboratory test and an x-ray would be counted as one visit but two occasions of service. A visit is a threshold crossing which may involve multiple occasions of service from more than one clinical department.* | | | | | | | | | | | |

# Historical Physician Exposures.

In addition to the current/expiring and prospective Physician Exposure data requested on the main Healthcare/Hospital Facilities Liability Application, provide historical employed physician exposure data for years prior to the current or expiring coverage period as follows. This information must be provided regardless of whether or not employed physicians are to be included for individual coverage. If multiple locations are to be insured, totals for all applicants may be provided for each specialty.

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| Full-Time Equivalent Employed Physicians | | | | | | | | | | | |
| Years Prior to the Prospective Coverage Period (Annualized Data – Total of All Locations) | | | | | | | | | | | |
| Code(1)/ Specialty | 2 Years Prior | 3 Years Prior | 4 Years Prior | 5 Years  Prior | 6 Years Prior | 7 Years Prior | 8 Years Prior | 9 Years Prior | 10 Years Prior | 11 Years Prior | 12 Years Prior |
|  | # Employed: | # Employed: | # Employed: | # Employed: | # Employed: | # Employed: | # Employed: | # Employed: | # Employed: | # Employed: | # Employed: |
|  | # Residents: | # Residents: | # Residents: | # Residents: | # Residents: | # Residents: | # Residents: | # Residents: | # Residents: | # Residents: | # Residents: |

*1) See table following the main Chubb Healthcare/Hospital Facilities Liability Application for ISO Codes. (2) # Employed Other Than Residents.*

# Other Historical Physician Exposures to be Covered

In addition to the current/expiring and prospective coverage period data requested on the main Healthcare/Hospital Facilities Liability Application for projected FTE’s by location and by specialty, provide a separate attachment with similar information requested by item 2 above (total FTE’s by specialty for prior years) for any other physicians to be included for individual coverage and describe relationship to the parent entity shown in Hospital/Healthcare Facilities Application Section A.1. If multiple locations are to be insured, totals for all applicants may be provided for each specialty.

# Historical Other Employed Doctors & Allied Health Care Provider Exposures

In addition to the current/expiring and prospective Other Employed Doctors & Allied Health Care Provider Exposure data requested on the main Healthcare/Hospital Facilities Liability Application, provide historical other employed doctor and allied health care provider exposure data for years prior to the current or expiring coverage period as follows. This information must be provided regardless of whether or not these employees are to be included for individual coverage. If multiple locations are to be insured, totals for all applicants may be provided for each specialty

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| Full-Time Equivalent Other Employed Doctors & Employed Allied Health Care Providers | | | | | | | | | | | |
| Years Prior to the Prospective Coverage Period (Annualized Data – Total of All Locations) | | | | | | | | | | | |
| Specialty | 2 Years Prior | 3 Years Prior | 4 Years Prior | 5 Years Prior | 6 Years Prior | 7 Years Prior | 8 Years Prior | 9 Years Prior | 10 Years Prior | 11 Years Prior | 12 Years Prior |
| Dentist |  |  |  |  |  |  |  |  |  |  |  |
| Nurse Anesthetist |  |  |  |  |  |  |  |  |  |  |  |
| Nurse Midwife |  |  |  |  |  |  |  |  |  |  |  |
| Nurse Practitioner |  |  |  |  |  |  |  |  |  |  |  |
| Oral Surgeon |  |  |  |  |  |  |  |  |  |  |  |
| Physician Assistant |  |  |  |  |  |  |  |  |  |  |  |
| Podiatrist |  |  |  |  |  |  |  |  |  |  |  |