



**SUPPLEMENT FOR NURSE ANESTHETISTS (CRNA) FOR
PROFESSIONAL LIABILITY INSURANCE FOR SPECIFIED MEDICAL PROFESSIONS**

All questions MUST be completed in full.

If space is insufficient to answer any question fully, attach a separate sheet.

1. Full name of Applicant: _____
2. During administration of all anesthetics, do you use a pulse oximeter monitor? Yes No If No, explain.

3. During all anesthetics,
 - (a) Is an electrocardiogram continuously displayed? Yes No If No, explain.

 - (b) How often is the arterial blood pressure determined and evaluated? _____
 - (c) How often is the heart rate determined and evaluated? _____
 - (d) How is the circulatory function evaluated? _____
4. During all general anesthesia, do you use an end tidal CO2 monitor? Yes No If No, explain.

5. During all general anesthesia using an anesthesia machine, do you:
 - (a) Use an oxygen analyzer with a low concentration limit alarm? Yes No If No, explain.

 - (b) Test proper functioning of alarms prior to each use? Yes No If No, explain.

6. When ventilation is controlled by a mechanical ventilator, do you:
 - (a) Use a device equipped with a full set of safety alarms? Yes No If No, explain.

 - (b) Test proper functioning alarms prior to each use? Yes No If No, explain.

7. Are you present in the operating room throughout the conduct of all general anesthetics, regional anesthetics and monitored anesthesia care? Yes No If No, explain.

8. Are you supervised by an anesthesiologist? Yes No
9. What is the average number of patients seen? _____ weekly _____ annually
10. What is the average number of hours of practice time? _____ weekly

WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim 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 such person to criminal and civil penalties.

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APPLICABLE IN THE STATE OF NEW YORK:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim 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 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.

Signing this Supplement does not bind the Company to provide or the applicant to purchase the insurance.

It is understand that information submitted herein becomes a part of our application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by the applicant, officer, partner or equivalent (within 60 days of the proposed effective date).

Name of Applicant

Title

Signature of Applicant

Date