



Camp Physician's Insurability Form
 (Attachment to Form 6011 - Camp Physician's Program Application)

EXPLANATION

The purpose of this form is to secure information that can attest to your insurability as it pertains to professional liability insurance coverage.

MEDICAL LICENSING

Please provide the following information for all of the states in which you practiced during the last 5 years:

State	License Number	Effective Date	Expiration Date	Active (Yes/No)

PROFESSIONAL LIABILITY COVERAGE

Please list your professional liability insurance coverage currently and for each of the last 5 years:

Insurance Co.	Limits of Liability	Effective Date	Expiration Date	Claims Made

RESUME

A copy of your resume is required to be on file with our office. Has a copy of your resume been submitted along with this form? Yes No

Reason for not submitting _____

SIGNATURE

Signature: _____

Date: _____

Printed Name: _____