

# Medical Malpractice Insurance Application Form

## Applicant Information

- Full Legal Name: MUKESH AMBANI
- Gender:
  - ☒ Male
  - ☐ Female
  - ☐ Other
- Medical License Number: 694200484
- Primary Medical Specialty:
  - ☐ General Practice
  - ☐ Surgery
  - ☒ Pediatrics
  - ☐ Other
- Current Practice Type:
  - ☒ Solo Practice
  - ☐ Group Practice
  - ☐ Hospital-based
  - ☐ Clinic-based
  - ☐ Other
- Do you perform surgical procedures?
  - ☐ Yes
  - ☒ No
- Have you ever had a medical malpractice claim filed against you?
  - ☐ Yes
  - ☒ No
- Amount Paid (if any): NONE