

# Medical Malpractice Insurance Application Form

## Applicant Information

- Full Legal Name: PRIYANKA CHOPRA
- Gender:
  - ☐ Male
  - ☒ Female
  - ☐ Other
- Medical License Number: 456878223
- 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): 350000