

# Medical Malpractice Insurance Application Form

## Personal Information

- Full Legal Name: ELON MUSK
- Gender:
  - ☐ Male
  - ☒ Female
  - ☐ Other
- Email Address: elonmusk5@gmail.com
- Contact Telephone Number: 82457815
- Residential Address: California

## Professional Details

- Medical License Number: 1235487
- Primary Medical Specialty:
  - ☐ General Practice
  - ☒ Surgery
  - ☐ Pediatrics
  - ☐ Other
- Years of Professional Practice: 10
- Medical School Attended: HARVARD
- Year of Graduation: 2026
- Board Certifications (Please check all that apply):

<input type="radio"/> Internal Medicine	<input type="radio"/> Obstetrics
<input checked="" type="radio"/> General Surgery	<input type="radio"/> Gynecology
<input type="radio"/> Pediatrics	<input type="radio"/> Other

## Practice Information

- Total Years of Medical Practice: 15
- Current Practice Type:
  - ☐ Solo Practice

- ☐ Group Practice
- ☒ Hospital-based
- ☐ Clinic-based
- ☐ Other
- Current Practice Name: MUSK's Medicine
- Practice Address: New York
- Number of Practice Locations: 5
- Average Weekly Patient Volume: 250
- Do you perform surgical procedures?
  - ☐ Yes
  - ☒ No
- If yes, please specify types of surgical procedures: NO
- Do you utilize telemedicine in your practice?
  - ☐ Yes
  - ☒ No
- If yes, what percentage of your practice involves telemedicine? : NO  
 % (If no, enter 0)

## Claims History

- Have you ever had a medical malpractice claim filed against you?
  - ☒ Yes
  - ☐ No
- Date of Most Recent Incident (if applicable): No
- Nature of Allegation: NONE
- Current Status of the Claim:
  - ☐ Open
  - ☒ Closed
  - ☐ Settled
- Amount Paid (if any): 500000 (If none, enter 0)

## Additional Risk Factors

- Do you prescribe opioid medications?
  - ☒ Yes
  - ☐ No
- If yes, how frequently do you prescribe opioids?
  - ☐ Rarely
  - ☒ Occasionally
  - ☐ Frequently
- Do you perform experimental or investigational procedures?
  - ☒ Yes
  - ☐ No
- Do you regularly treat high-risk patients?
  - ☐ Yes
  - ☒ No