

**HALLMARK SPECIALTY INSURANCE COMPANY  
SUPPLEMENTAL APPLICATION FOR PHYSICIANS & SURGEONS  
MEDICAL PROFESSIONAL LIABILITY INSURANCE  
CLAIMS MADE AND REPORTED COVERAGE**

**Telemedicine Questionnaire**

Please type or print all answers in ink. Answer all questions that apply or state "not applicable" to those that do not apply. Sign and date by Applicant.

1. **Applicant's Name** \_\_\_\_\_

2. **Medical Specialty** (for Telemedicine services) \_\_\_\_\_

3. **Technology used for Telemedicine services**

- ☐ **Email**                      ☐ **Telephone**                      ☐ **Other** (Please describe) \_\_\_\_\_  
☐ **Video Conferencing** (please identify video conferencing software application) \_\_\_\_\_

Have you verified HIPAA compliance for all video conferencing applications?   ☐ **Yes**   ☐ **No**   ☐ **NA**

4. **Please indicate personnel who will collaborate in the telemedicine process at the patient site:**

- ☐ **Midlevel personnel such as nurse practitioners and physician assistants**  
☐ **Other physicians**

5. **Please list all states from which telemedicine patients will originate** (use postal abbreviations):

\_\_\_\_\_  
\_\_\_\_\_

Are you licensed or otherwise authorized to provide Telemedicine services in all of the above states?

- ☐ **Yes**                      ☐ **No**

6. **Will you prescribe medications via email or a website?**   ☐ **Yes**   ☐ **No**

If yes, please describe your procedures with regard to patient selection and follow-up.

\_\_\_\_\_  
\_\_\_\_\_

*Please list all medications that may be prescribed on a separate sheet.*

7. **Please describe informed consent procedures specific to Telemedicine patients** (attach additional pages as needed)

\_\_\_\_\_  
\_\_\_\_\_

8. **Please list all physicians and entities on whose behalf you will provide Telemedicine Services**

\_\_\_\_\_  
\_\_\_\_\_

I understand the information submitted herein is considered legally material to underwriting evaluation and pricing, and that it becomes part of my application and as such is subject to the same warranty and conditions.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**