

**HALLMARK SPECIALTY INSURANCE COMPANY****SUPPLEMENTAL APPLICATION FOR PHYSICIANS & SURGEONS  
MEDICAL PROFESSIONAL LIABILITY INSURANCE  
CLAIMS MADE AND REPORTED COVERAGE****Podiatry 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. Does your current practice include the following?

**Sports Medicine** ☐ Yes ☐ No

**Minimal Incision Surgery** ☐ Yes ☐ No

**Emergency Room Practice** ☐ Yes ☐ No

**Laser Surgery** ☐ Yes ☐ No

If yes, please list conditions treated with laser surgery

\_\_\_\_\_

Please describe your training in laser surgery

\_\_\_\_\_

**Do you administer general anesthesia?** ☐ Yes ☐ No

**What percentage of your patients reside in nursing homes, assisted living facilities or similar institutions?** \_\_\_\_%

3. **Is your practice non-surgical?** ☐ Yes ☐ No

(No anesthesia except topical, no reduction of fractures, no cutting or penetration beneath the subcutaneous tissue layer such as muscle, tendon, nerve, ligament, bone or joint. No laser surgery)

**Is your practice limited to intermediate surgery?** ☐ Yes ☐ No

(No treatment of compound fractures of the calcaneus or talus, no triple arthrodesis, no surgical treatment of the ankle joint or leg, no use of general anesthesia)

**Does your practice include major surgery?** ☐ Yes ☐ No

(Practice includes general anesthesia, triple arthrodesis and/or surgical treatment of the ankle joint and lower leg)

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