



Physicians and Surgeons  
Professional Liability Insurance

# Class Change Application

When completed, please return this application to:

HSLI / The Physicians Trust  
4646 Sherwood Common Blvd.  
Baton Rouge, LA 70816-4293  
Phone: 225-368-3888 / 800-542-4754  
Fax: 225-368-3889

Proposed Effective Date of Class Change: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

I hereby declare that all statements and answers herein are full, complete, and true to the best of my knowledge and belief and that no material circumstance or information concerning the subject matter of the questions asked has been withheld or omitted.

I understand that the statements and answers will be relied upon by The Physicians Trust (PT) and are material in determining not only whether insurance coverage will be issued or renewed, but also the appropriate classification.

Signing this application does not bind the company to change your classification. However, it is agreed that this form shall be the basis of any proposed change.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**BY MY SIGNATURE, I AM AUTHORIZING A REPRESENTATIVE OF THE PHYSICIANS TRUST TO OBTAIN MY MEDICAL PROFESSIONAL LIABILITY CLAIMS' HISTORY FROM THE LOUISIANA PATIENT'S COMPENSATION FUND.**

What is your proposed medical specialty? \_\_\_\_\_

Indicate percentage of time devoted to the following medical and/or surgical activities: (total should equal 100%)

%		%		%		%	
___	Allergy	___	General Practice-Incl. OB	___	Neurosurgery	___	Pharmacology-Clinical
___	Anesthesiology	___	General Practice-Surgery	___	Nuclear Medicine	___	Physiatry or Physical
___	Bariatric Medicine	___	General Preventive Medicine	___	Nutrition	___	Medicine & Rehab.
___	Cardiac Surgery	___	General Surgery	___	Obstetrics	___	Psychiatry
___	Cardiovascular Diseases	___	Geriatrics	___	Obstetrics/Gynecology	___	Psychoanalysis
___	Cardiovascular Surgery	___	Gynecology	___	Occupational Medicine	___	Plastic Surgery
___	Colon & Rectal Surgery	___	Gynecology-Surgery	___	Oncology-Medical	___	Public Health
___	Dermatology	___	Hand Surgery	___	Oncology-Surgery	___	Pulmonary Diseases
___	Emergency Medicine	___	Hematology	___	Ophthalmology	___	Radiology-Diagnostic
___	Endocrinology	___	Infectious Diseases	___	Ophthalmology- Surgery	___	Radiology-Therapeutic
___	Family Practice	___	Intensive Care Medicine	___	Orthopedic Surgery	___	Rheumatology
___	Family Practice- Including OB	___	Internal Medicine	___	Otorhinolaryngology	___	Thoracic Surgery
___	Family Practice- Surgery	___	Neonatology	___	Otorhinolaryngology / Plastic	___	Traumatic Surgery
___	Forensic Medicine	___	Nephrology	___	Otorhinolaryngology / Surgery	___	Urgent Care Medicine
___	Gastroenterology	___	Nephrology-Incl. Dialysis	___	Pathology	___	Urological Surgery
___	General Practice	___	Neurology	___	Pediatrics	___	Vascular Surgery

Additional Specialties \_\_\_\_\_

Medical or Surgical Procedures (Please indicate whether you perform any of the following):

- |  |   |                                 |                                   |
|--|---|---------------------------------|-----------------------------------|
| <input type="checkbox"/> <b>Anesthesia</b>   | <input type="checkbox"/> General  | <input type="checkbox"/> Spinal | <input type="checkbox"/> Epidural |
| <input type="checkbox"/> <b>Assisting in major surgical procedures</b>   |   |                                 |                                   |
| <input type="checkbox"/> <b>Minor Surgery &amp; Procedures</b> —Includes operations and procedures not considered to be major surgery, involving primary treatment of limited abnormalities, injuries, and infections of the skin and superficial tissue, usually using local anesthesia and predominantly performed on an outpatient basis. It includes but is not limited to the following list. Check all applicable: |   |                                 |                                   |
| <input type="checkbox"/> No procedures—only consulting or diagnostic   | <input type="checkbox"/> Cryosurgery  |                                 |                                   |
| <input type="checkbox"/> Incisions of boils and superficial abscesses  | <input type="checkbox"/> On benign dermatological lesions                                       |                                 |                                   |
| <input type="checkbox"/> Suturing of skin and superficial fascia   | <input type="checkbox"/> Other _____  |                                 |                                   |
| <input type="checkbox"/> Acupuncture—other than acupuncture anesthesia   | <input type="checkbox"/> Dermabrasion   |                                 |                                   |
| <input type="checkbox"/> Angiography   | <input type="checkbox"/> Diagnostic sonography  |                                 |                                   |
| <input type="checkbox"/> Angioplasty   | <input type="checkbox"/> Discograms   |                                 |                                   |
| <input type="checkbox"/> Coronary  | <input type="checkbox"/> Electroshock therapy (psychiatric)                                     |                                 |                                   |
| <input type="checkbox"/> Peripheral  | <input type="checkbox"/> Fiberoptic bronchoscopy  |                                 |                                   |
| <input type="checkbox"/> Bone fractures: closed treatment  | <input type="checkbox"/> Hair transplant  |                                 |                                   |
| <input type="checkbox"/> Cancer chemotherapy   | <input type="checkbox"/> Interventional endoscopy—specify type: _____                           |                                 |                                   |
| <input type="checkbox"/> Catheterization   | <input type="checkbox"/> Laser therapy—specify type: _____                                      |                                 |                                   |
| <input type="checkbox"/> Cardiac   | <input type="checkbox"/> Myelography  |                                 |                                   |
| <input type="checkbox"/> Transarterial   | <input type="checkbox"/> Needle biopsy  |                                 |                                   |
| <input type="checkbox"/> Occasional insertion of pulmonary wedge, recording catheters, or temporary pacemakers   | <input type="checkbox"/> Lung, liver, kidney, or prostate                                       |                                 |                                   |
| <input type="checkbox"/> Transvenous   | <input type="checkbox"/> Other—specify type: _____  |                                 |                                   |
| <input type="checkbox"/> Umbilical cord catheterization for diagnostic purposes or for monitoring blood gases in newborns receiving oxygen (other than emergency or for transport)   | <input type="checkbox"/> Nerve blocks, therapeutic—specify type in “Remarks”                    |                                 |                                   |
|  | <input type="checkbox"/> Pain management—specify type in “Remarks”                              |                                 |                                   |
|  | <input type="checkbox"/> Pneumatic or mechanical esophageal dilation (not with bougie or olive) |                                 |                                   |

- Cervical conization—specify type: \_\_\_\_\_
- Circumcision
- Colonoscopy
- Cosmetic injections—specify type: \_\_\_\_\_
- Cosmetic skin flaps and skin grafts: \_\_\_\_\_
- Major Surgery**—Includes operation procedures in or upon any body cavity including cranium, thorax, abdomen, pelvis; any other operations or procedures which, because of the condition of the patient or the length or circumstances of the operation, present a distinct hazard to life. It also includes but is not limited to the following list. Check all applicable:
  - Amputations
  - Bone fractures
    - Operative treatment
    - Closed manipulation-general or regional anesthesia
  - Fertility or reproductive surgery
  - Gynecological procedures
    - Dilation and currettements other than emergency
  - Laparoscopic Cholecystectomy
  - Laparoscopy
    - Diagnostic
    - Sterilization
    - Therapeutic
  - Liposuction—specify type, and if performed under general or local anesthesia: \_\_\_\_\_
  - Minimal invasive endoscopic surgery—specify type: \_\_\_\_\_
  - Obesity surgery—specify type: \_\_\_\_\_
  - Obstetrical procedures
    - Abortions
    - Cesarean sections
      - Elective
      - Therapeutic
    - Forceps delivery other than outlet forceps
      - Home delivery
      - Vaginal delivery
      - Other \_\_\_\_\_
  - Penile implants
  - Percutaneous disc surgery
  - Plastic surgery
    - Cosmetic—specify type: \_\_\_\_\_
    - Reconstructive—specify type: \_\_\_\_\_
    - Facial—specify type: \_\_\_\_\_
    - Breast augmentation
  - Radial keratotomy
  - Spine surgery
    - Primary**
      - Cervical
      - Thoracic
      - Lumbar
      - Spinal instrumentation
    - Reoperative**
      - Cervical
      - Thoracic
      - Lumbar
      - Spinal instrumentation
  - Tonsillectomies and/or adenoidectomies
  - Other—specify type: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Radiopaque contrast material injections into blood vessels, lymphatic, sinus tracts, and fistulae
- Radiation therapy
- Vasectomy
- Other \_\_\_\_\_

**Remarks:**

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