



Healthcare Errors and Omissions Supplement				
Named Insured				
Limit	<input type="text"/>	Deductible	<input type="text"/>	**Retroactive Date
Is there a 638 contract in place			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are these individuals working solely for the tribe			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any employees or officials have knowledge of an act, error or omission which might lead to a claim <i>(If yes please explain)</i>			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of Professionals				
EMT		Physician		
Nurse Practitioner or Physician Assistant		Nurse, RN, LPN		
Pharmacist		Dentist		
Pharmacist Assistant		Dental Assistant		
Social Service Technician		Dental Hygienist		
Please use below to specify type and number of other professionals not listed above				
**If retro date is any date other than inception, please provide evidence of continuous coverage or copy of tail coverage.				