



**Florida Doctors Insurance Company  
Healthcare Facility Professional Liability  
Ambulatory Surgery Center Supplement**

**The supplement is not a complete application for insurance. It must be submitted in conjunction with Florida Doctors Insurance Company's Healthcare Facility Professional Liability Insurance Application and all other required information.**

Facility Name: \_\_\_\_\_

**The data provided should be projected for the 12 months to be covered under the policy.**

<b>Type of Service Provided</b>	<b># Surgeries / Procedures</b>
Cardiac (e.g., left heart catheterization, insertion of venous access)	
Colonoscopy	
Endoscopy	
General Surgery (e.g., excision of breast lesion, gall bladder laparoscopy, repair inguinal hernia)	
Gynecology (e.g. hysteroscopy of uterus)	
Obesity-related	
Obstetrics – In vitro fertilization	
Obstetrics – All Other	
Ophthalmology – Cataract	
Ophthalmology – Laser Refractive	
Ophthalmology – All Other	
Oral and Maxillofacial	
Orthopedic (e.g., arthroscopy, carpal tunnel)	
Otorhinolaryngology (e.g., tympanostomy with ear tubes, tonsillectomy and/or adenoidectomy)	
Pain management / Pain block	
Plastic / Cosmetic – Elective	
Plastic / Cosmetic – Reconstructive / Cancer	
Podiatry (e.g., bunion repair)	
Pulmonary (e.g. bronchoscopy)	
Radiology – Imaging – venography, fluoroscopy & ultrasound needle guidance	
Radiology – Imaging – non invasive	
Radiology – Radiation Oncology / Therapy	
Urology (e.g. cystourethroscopy of bladder)	
Other (describe):	

Number of Operating Rooms \_\_\_\_\_

Total Square Footage \_\_\_\_\_ Square Feet

ANESTHESIA EQUIPMENT / MONITORING

<u>Type of Anesthesia</u>	<u>Is this type provided?</u>	<u>By Whom?</u>
Local or Topical anesthesia	Yes	Anesthesiologist
	No	CRNA Other – describe _____
IV or parenteral sedation, regional anesthesia, analgesia or dissociative drugs without the use of endotracheal or laryngeal mask intubation or inhalation general anesthesia (including nitrous oxide)	Yes	Anesthesiologist
	No	CRNA Other – describe _____
Surgical procedures with epidural anesthesia, endotracheal or laryngeal mask intubation or inhalation anesthesia, spinal or epidural	Yes	Anesthesiologist
	No	CRNA Other – describe _____

Is a physician, CRNA, and/or RN with Advanced Cardiac Life Support (ACLS) certification immediately available until all patients have met documented discharge criteria? Yes  No

What is the highest ASA physical status classification level for which anesthesia is provided? \_\_\_\_\_

INSTRUMENT STERILIZATION

Are instruments sterilized on site? Yes  No

If Yes:      steam sterilization                      gas sterilization                      chemical soak

Are there written protocols for weekly autoclave testing? Yes  No

Is each sterilized pack marked with the date of sterilization and an expiration date? Yes  No

**SUPPLEMENTAL WAIVER AND RELEASE**

As authorized representative for the facility, I hereby acknowledge that the foregoing information constitutes a part of my application for insurance with Florida Doctors Insurance Company (FLDIC). If accepted, I understand that insurance is being issued upon reliance of the truth of my representations. If it is determined that I failed or refused to disclose any relevant fact or information or misled, defrauded or lied to FLDIC, I understand that the policy shall be null and void. However, unintentional errors or omissions do not affect my rights under the policy, if issued. I understand that no insurance will be afforded unless and until a complete application is accepted by FLDIC and the facility is notified of said acceptance.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Representative

\_\_\_\_\_  
Title of Authorized Representative

This application form duly completed together with any supplementary information must be signed in ink by an authorized representative of the applicant. A signature on the form does not bind the applicant or FLDIC to complete the insurance.

(A photostat copy of this authorization shall be considered as effective and as valid as the original.)

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