

# VaRISK 2 APPLICATION FOR FREE CLINICS

This application is for Free Clinics eligible to enroll in the Commonwealth of Virginia Local Government and Free Clinic Risk Management Plan pursuant to §2.2-1838, *Code of Virginia*.

Division of Risk Management – P. O. Box 1879 – Richmond VA 23218-1879  
1.800.678.4924 -- FAX 804.371.8400

A. Legal Name of Clinic

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

E-Mail address \_\_\_\_\_

NOTE: If Clinic has more than one location, attach list of all location addresses, telephone and other contact information.

B. Budget (For current Fiscal Year). Fiscal Year \_\_\_\_\_

Revenues \$ \_\_\_\_\_ Expenditures \$ \_\_\_\_\_

(Attach copy of incorporation papers, current budget or annual financial statement)

C. Does your Clinic administer any other program other than the providing of health care services? Yes \_\_\_ No \_\_\_

(If yes, attach full description, incorporation papers and budget of each operation or program.)

D. Does your Clinic carry Commercial General Liability \_\_\_ Directors & Officers / Errors & Omissions \_\_\_ Medical Malpractice \_\_\_ or Umbrella Liability insurance \_\_\_\_\_

(Check all that apply and attach copies of Declaration Sheet of each policy carried listing company, insured, type of policy and limits.)

E. 1. Has any employee, volunteer or job applicant made a claim alleging unfair or improper treatment regarding hiring, remuneration, advancement or termination of employment? Yes \_\_\_ No \_\_\_

2. Has the Clinic been sued regarding discrimination, ADA, sexual harassment or other civil rights claims? Yes \_\_\_ No \_\_\_

3. Has any full time or part time employee health care practitioner had a medical malpractice claim or suit filed against them? Yes \_\_\_ No \_\_\_

(If any answer is Yes to E. 1, 2. or 3., attach separate sheet with date, nature, any costs, insurers or legal defense, and present status of each case.)

F. Complete if Medical Malpractice coverage is requested for full time or part time employed (Not Volunteer) Licensed Health Care Practitioners.

	<u>Number</u>	<u>Full Time</u>	<u>Part Time</u>
MD General Practitioner	_____	_____	_____
MD Psychiatrist	_____	_____	_____
MD Pediatrician	_____	_____	_____
MD Internist	_____	_____	_____
Other Medical Doctor	_____	_____	_____
RN	_____	_____	_____
LPN	_____	_____	_____
Nurse Practitioner	_____	_____	_____
Dentist	_____	_____	_____
Pharmacist	_____	_____	_____
Licensed Social Worker	_____	_____	_____
Psychologist	_____	_____	_____
Other (List Separately)	_____	_____	_____

G. Number of Clinic employees and volunteers other than Licensed Health Care Practitioners:

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Volunteers \_\_\_\_\_

H. Is your Clinic affiliated contractually with any other organization?

(If yes, separately list the type of contract, the organization(s) and its address. You may be asked to submit a copy of specific contracts prior to enrollment.)

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**Pursuant to § 2.2-1839, Code of Virginia:**

I. Is your Clinic organized wholly or primarily for the delivery of health care services without charge or for a reasonable administrative fee?

Yes \_\_\_ No \_\_\_

If the answer is No, your clinic is not eligible for coverage under the VaRISK 2 Plan. For the purposes of this application, "primarily" means greater than 50% of the organization's activity.

J. If your clinic charges a reasonable administrative fee for its services, please submit a description of the fee structure used.

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K. Print the name and title of the person designated to receive all information regarding the Free Clinic Risk Management Plan at the address listed in Section A.

Name \_\_\_\_\_ Title \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

The UNDERSIGNED (Signature of person named in K above) certifies that all information provided herein is accurate:

Name \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: Application must be completed in full with all necessary attachments provided before a quote for coverage can be made.**