



PT¹ Platinum Application

NOTE: SUPPLEMENT MUST BE DATED AND SIGNED BY OWNER, PARTNER, OFFICER OR ADMINISTRATOR. PLEASE TYPE OR PRINT IN INK.

1. Applicant Name (including DBA's): _____
FEIN or Social Security Number: _____
Mailing Address: _____
Location Address(es): _____

County (parish) of each location: _____
Telephone Number: Office _____ / _____ Fax _____ / _____
Person to contact for survey: Name _____
Title _____
Email Address _____

I would also like to receive a competitive quote for the following:

- | | | |
|--|---|--|
| <input type="checkbox"/> Property | <input type="checkbox"/> Workers' Compensation | <input type="checkbox"/> Cyber/Data Breach Liability |
| <input type="checkbox"/> Business Auto | <input type="checkbox"/> Employment Practices Liability | <input type="checkbox"/> Directors and Officers |

2. Number of estimated client contacts Next 12 months: _____ Last 12 months: _____
Annual Gross Receipts: Estimated next 12 months - \$ _____
Last 12 months - \$ _____
Total Annual Payroll: Estimated next 12 months - \$ _____
Last 12 months - \$ _____

3. Entity is Individual Corporation
 Partnership Professional Association/Corporation
 Other (Describe) _____

Year entity established: _____

Are you affiliated with a national or regional network or association? Yes No

If yes, please indicate all applicable in order to verify eligible programs. _____

Please describe in detail any additional operations, business pursuits, joint ventures in which your facility is currently engaged that would fall outside the scope of typical physical therapy operations. None If yes, describe:

4. How many years have you been under the same ownership? _____

5. How many years of experience do you have in the rehab industry? _____

21. Do you use intrusion detection software to detect unauthorized access to internal networks and computer systems? Yes No
22. Is it your policy to upgrade all security software as new releases or improvements become available?
 Yes No
23. Do you provide remote access to its network? Yes No
Is remote access restricted to Virtual Private Networks (VPNs)? Yes No
24. Do you have written screening and hiring policies and procedures for all prospective employees, students, independent contractors/consultants and volunteers? Yes No
Are there written guidelines regarding sexual misconduct or physical abuse? Yes No
Do you perform criminal background checks as part of your employee screening process? Yes No
Have you had any incidents or claims reported for sexual misconduct or any other allegation of abuse? Yes No
If yes, provide full details. _____
Have you or any of your employees:
- a) Ever been the subject of disciplinary or investigatory proceedings or reprimanded by an administrative or governmental agency, hospital or professional association? Yes No
 - b) Had any professional license refused, suspended, revoked, renewal refused or accepted only with special terms or have you or any of your employees voluntarily surrendered any professional license? Yes No
 - c) Been convicted for an act committed in violation of any law or ordinance other than traffic offenses? Yes No
25. Do you have a formal risk management procedure in place? Yes No
If yes, who is responsible and what is his/her job title? _____

IF THE ANSWER TO ANY OF THE ABOVE IS YES, PLEASE ATTACH A DETAILED EXPLANATION.

26. Have any claims been made or occurrences reported during the past five years against any of the proposed insureds or against any entity in which any proposed insured has or has had an interest?
 Yes No If yes, please describe, indicate status of the claim or suit, and any amount(s) paid or reserved (*attach an additional sheet if necessary*).

27. Does any proposed insured have any knowledge of an event, circumstance or occurrence (other than any listed in #26 above) prior to the effective date of the proposed policy, or does any proposed insured foresee that a claim may be brought as a result of said event, circumstance or occurrence?
 Yes No If yes, describe the event and indicate the reason for anticipation of a claim.

28. Do you require all insured's, including employees and contractors, to report ALL incidents to the Named Insured no later than the end of the workday on which the incident occurred? Yes No

I understand and agree this application and any and all supplements attached hereto may be made a part of any policy issued, and any such policy will be issued in reliance upon the representation made herein. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the Company, result in the voiding of insurance issued in reliance on this application and/or denial of claims under any policy issued.

I authorize and consent to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of my business including authorization to every person or entity, public or private, to release to the company providing insurance coverage and VGM Group, Inc. any documents, records or other information bearing upon the foregoing.

I understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law.

Applicant and all owners, employees, and contractors are licensed or duly authorized in all states or jurisdictions where professional services are provided. Applicant warrants the truth of all answers to the above questions, and that applicant has not withheld any information that is calculated to influence the judgment of the insurance company in considering this application.

IMPORTANT: THIS APPLICATION MUST BE SIGNED BY THE APPLICANT. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE.

Date

Applicant / Title

More Savings Opportunities for PT1 Insurance Clients

PT1 Insurance is part of The VGM Group, Inc. As an additional benefit to our valued clients, we are able to offer you FREE membership to VGM Advantage. VGM Advantage is a Member Service Organization that offers a variety of savings and business solutions to help your therapy company thrive.

Want to take advantage of this fantastic opportunity? Simply check the box below and fill in your contact information, and you will automatically be enrolled as a VGM Advantage member, free of charge!

Yes, I would like to become a member of VGM Advantage!

Company Name: _____

The main contact person for my membership will be:

Full Name: _____ Email Address: _____

Phone Number: _____

GROW YOUR THERAPY PRACTICE WITH VGM ADVANTAGE

We offer business solutions to help you innovate, compete and ultimately thrive!

Group Purchasing Saves Members THOUSANDS Every Year!

Switching to PT1 Insurance:

- Saving 25% on a \$8,000 policy – SAVE \$2,000

Learn how to save BIG on purchases you already make!

Using office products contracts (Staples, Office Depot, etc.):

- Saving 12% on a \$10,000/year expense – SAVE \$1,200

Many discounts are greater than 20%!

Using the cell phone discount (Verizon, AT&T and Sprint):

- Saving 22% on a \$6,000/year expense – SAVE \$1,320

If you buy from them, we probably have a contract with them!

Using our Patterson Medical, Life Fitness or SME contracts:

- Saving an average of 15% on a \$20,000 annual expense – SAVE \$3,000

Average savings = \$7,520 with four small changes.

Other VGM Advantage Solutions include:

- Online and Print Marketing Solutions
- Nationwide Referral Network
- Referral Source Marketing System
- Equipment Financing Solutions
- Online Continuing Education
- Audit and Compliance Consulting

Partners include:

- AT&T
- Sprint
- Verizon
- Life Fitness
- Staples
- Patterson Medical Supply
- Superior Medical Equipment
- Universal Medical Technology
- Office Depot
- BMS Practice Solutions
- And hundreds more!

Learn more at
www.vgmadvantage.com

