GenStar

**SUPPLEMENTAL APPLICATION**

**FAMILY PRACTICE WITH OBSTETRICS**

**PHYSICIANS AND SURGEONS**
**Claims-Made And Reported Coverage**

*This application must be completed, signed and dated by the applicant. All questions must be answered completely. The information is required to make an underwriting and pricing evaluation. Your answers are considered legally material to that evaluation. If any question does not apply, indicate NOT APPLICABLE. If space is not sufficient to properly answer the question, please provide the details in the Additional Information section of this form or you may attach a separate page using your letterhead. To use this form, you may mouse click on a field or move between fields using the tab key. To check a box, you may mouse click or press the space bar.*

## I. GENERAL INFORMATION

Physician Name:

| | | |
|---|---|---|
| 1. | Did you complete a family practive residency program that included OB training? | ☐ Yes ☐ No |
| | A. If yes, how many deliveries did you perform during the residency program?<br>1) Vaginal deliveries<br>2) Cesarean deliveries | |
| | B. If no, what training did you receive to hold OB privileges? | |
| 2. | How many deliveries have you performed in each of the last two years?<br>A. Year 1: Vaginal deliveries Cesarean deliveries<br>B. Year 2: Vaginal deliveries Cesarean deliveries | |
| 3. | What OB privileges do you hold? Please check all that apply:<br>☐ Ante-partum and post-partum care<br>☐ Normal spontaneous vaginal deliveries<br>☐ Use of outlet forceps<br>☐ Repair of minor vaginal and cervical lacerations<br>☐ D&C's<br>☐ Vacuum extractions<br>☐ Repair of 3rd and 4th degree vaginal lacerations<br>☐ Manage premature labor (<36 weeks)<br>☐ Utilize augmentation of labor<br>☐ Low forceps<br>☐ Multiple deliveries (with consulant present for the delivery)<br>☐ Pre-eclampsia<br>☐ Cesarean section<br>☐ Tubal ligation | |
| 4. | If you hold privileges to utilize augmentation of labor:<br>A. Are you present at the initiation of augmentation of labor?<br>B. Are you present or immediately available throughout augmentation of labor?<br>C. What provisions do you have in place for backup and assistance in the event of complications that are beyond your privileges to manage? | ☐ Yes ☐ No<br>☐ Yes ☐ No<br>☐ Yes ☐ No |
| 5. | Do you refer patients at the onset of care who present with high risk factors? | ☐ Yes ☐ No |
| 6. | Do you refer patients who develop high risk factors during the course of the pregnancy? | ☐ Yes ☐ No |

| Signature: | Date: |
|---|---|