

# REQUEST FOR COVERAGE OF AUDIOLOGY SERVICES



655 Beach Street  
San Francisco CA 94109-1336  
P.O. Box 880610  
San Francisco CA 94188-0610

Phone: (800) 562-6642, ext. 639  
Fax: (415) 771-7087  
Email: omic@omic.com  
Web site: www.omic.com

**1** A. Under what business name will audiology services be provided? \_\_\_\_\_

**B.** Is this a  fictitious business name (dba)  separate business entity (partnership or corporation)?

No coverage applies to any professional entity that is not named on the Declarations. If this is a separate business entity, an **Application for Entity Professional Liability Insurance Coverage** will be forwarded to you for completion, or you may download an application from OMIC's web site at [www.omic.com](http://www.omic.com).

**2** What specific training has (have) the physician(s) completed regarding the anatomy of the ear, the mechanism of hearing, types and causes of hearing loss, hearing testing, and hearing aids? (*check all that apply*)

Otolaryngology internship or fellowship

Course provided by PHSI, EyeCanHear or other hearing program consultant

Other (please specify: \_\_\_\_\_)

**3** Only a licensed, certified hearing professional (audiologist or hearing instrument specialist) or physician trained in otolaryngology may conduct hearing exams and interpret results.

**4** Is/are your hearing professional(s)  employees or  independent contractors?

Coverage applies under the OMIC policy to any non-physician employee of the Insured named on the Declarations, but only while acting within the scope of his/her training, licensure, and employment by and for the direct benefit of the Insured. **If the provider is an independent contractor, please submit a certificate of insurance or other proof of the provider's professional liability coverage.** The independent contractor must maintain limits of liability equal to or higher than the limits of liability that you carry.

**5** Only a licensed, certified hearing professional (audiologist or hearing instrument specialist) may fit or dispense hearing devices.

**6** The hearing program must meet all state standards for hearing aid dispensing operations.

**7** You must maintain a general liability (CGL or business owners (BOP) policy) to cover product liability and other related non-medical professional liability exposures.

"I hereby agree to comply with OMIC's underwriting requirements specific to audiology services. **I understand that failure to comply with OMIC's underwriting requirements or to notify OMIC promptly of changes in my protocol may result in uninsured risk or termination of coverage.**"

\_\_\_\_\_  
*Applicant's Signature (Please do not use signature stamp.)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Applicant's Name (Please type or print.)*

\_\_\_\_\_  
*Title*