



Medical Directorship Questionnaire

This questionnaire is to be completed if you are employed or contracted by any facility as a medical director or similar role.

Name of Applicant (First, Middle, Last):	MMIC Policy Number:
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1. Name of facility where you are a medical director:

2. Specify legal structure of facility: For Profit Not for Profit

3. Specify type of facility: Inpatient Outpatient

4. Are you employed or contracted by the facility? Employed Contracted

5. Who is responsible for providing the medical professional liability insurance coverage for the directorship exposure?

If you are responsible for providing your own medical professional liability insurance coverage, please remit a copy of the directorship contract for our review.

6. Please list your duties as medical director:

7. Do you supervise staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many people?
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8. Does the facility where you are acting as medical director provide you with coverage under their Directors' and Officers' Liability Insurance Policy? Yes No

If yes, please remit a copy of the declarations page of the D&O policy for proof of coverage.

Applicant Signature

Date