



**APPLICATION FOR LOCUM TENENS  
PHYSICIAN  
SC Medical Malpractice Patients' Compensation Fund  
PO Box 210738  
Columbia, SC 29221  
803-896-5290**

**UNDERWRITING APPLICATION:**

Locum Tenens Coverage is provided for a temporary substitute physician. This coverage can be provided only when the PCF member physician is not practicing. This coverage is not available for physicians who are scheduling other physicians to staff an emergency room. ***The Locum Tenens Physician must submit a fully completed application and a 10-year loss history report to the PCF Fund Coordinator for approval.*** Loss history reports may be obtained by requesting them from your current and/or prior insurance carrier(s) or from the National Practitioner data bank @ 1-800-767-6732. Website: [www.npdb-hipdb.com](http://www.npdb-hipdb.com). Every effort will be made to advise the applicant within 48 hours if they are eligible for Locum Tenens Coverage through the PCF. If a physician is determined to be eligible, his/her approved application will be in effect for one year. Eligible/approved physicians must submit a Locum Tenens Request Form in advance of each substitute period.

**LOCUM TENENS REQUEST FORM:**

Written request for this coverage must be made in advance on the attached form. Locum Tenens coverage cannot be provided on a retroactive basis if the request is made late. A PCF policy may provide up to 45 days of coverage during the policy period for duly licensed substitute physicians working on behalf of the PCF physician (policyholder) on a temporary basis due to vacation, illness, or other absence.

**General Information – Substitute Physician**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Office Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

Do you have Medical Malpractice Insurance?  Yes  No

Malpractice Policy # \_\_\_\_\_

Policy Term \_\_\_\_\_  
(Effective/Expiration Dates)

Name of Insurance Company \_\_\_\_\_

Policy Limits \_\_\_\_\_

Type of Form (check one)  Claims Made  Occurrence

SC License # \_\_\_\_\_  
(Attach a xerox copy of your license)

Other State License # \_\_\_\_\_  
(Provide state abbrev. & license #)

1. Are you registered with the SC State Board of Medical Examiners?  Yes  No

2. Have you ever been convicted of a State or Federal felony involving moral turpitude?  Yes  No
3. Has any hospital ever denied, suspended, or revoked your privileges?  Yes  No
4. Has your narcotics or medical license ever been suspended, restricted, revoked or voluntarily surrendered or has probation been invoked?  Yes  No
5. Have you ever been denied a medical license or been denied certification by a specialty board?  Yes  No
6. Do you have any unpaid obligations on any professional liability policies?  
If your answer is yes to any of questions 2 – 6 please explain:  Yes  No

What is your specialty? \_\_\_\_\_

Are you Board Certified?  Yes  No

**ATTACH A 10 YEAR CLAIMS HISTORY WITH THIS APPLICATION**

**Prior Insurance Carrier Information:**

Policy Period	Insurance Company	Policy #

Please contact the PCF at 803-896-5290 if you have any questions regarding this Application.

**By signature of this Locum Tenens Physician Application, I agree that the statements contained herein are my agreements and representations and if coverage is extended in reliance upon the truth of such representations any willful misstatement of fact may invalidate Locum Tenens coverage through the South Carolina PCF.**

\_\_\_\_\_  
Date Signature of Applicant

*The information contained in this Application is **privileged and confidential**. It is intended only for the use of the PCF. If the reader of this document is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this in error, please notify the South Carolina PCF immediately by telephone and return this Application to us via U.S. Postal Service. Thank you.*

Locumtenensapp