



American Acupuncture Council &
SCOTT DANAHY NAYLON
I N S U R A N C E

Part-Time Application and Affidavit

Practice Details:

1. Full Name: _____
2. Policy Number: _____ 3. Effective Date: _____
4. # of Patients you see weekly: _____ 5. # of Days Worked: _____
6. Office Hours: _____
- | | | | | | | |
|-----|-----|-----|-----|-----|-----|-----|
| Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|-----|-----|-----|-----|-----|-----|-----|

Member Affidavit:

1. I hereby declare that I am working on a part-time basis (20 hours or less) in both direct patient care and related administrative activities. This limited practice schedule is the result of (check applicable box):
- a. I am an instructor at the following Acupuncture College:

 - b. I have been in practice for fifteen years or longer and am now semi-retired.
 - c. Other – Please attach specific details explaining the reason for your part-time status, including evidence of other activities in which you are engaged which prevent you from full time practice.
2. I agree to notify the Company and get prior written approval before resuming a full time practice and I understand that in such case additional premium charges will be due in accordance with the Company's rules and rates in effect at the time I resume such full time practice.
3. I understand that this Affidavit is part of my application. I understand that the premium paid for Part-Time coverage could not and does not provide adequate payment to cover the cost of full time professional liability coverage.

(Signature)

(Date)