



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:
1. Name of facility where you are a medical director:		
2. Specify legal structure of facility: <input type="checkbox"/> For Profit <input type="checkbox"/> Not for profit		
3. Specify type of facility: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient		
4. Are you employed or contracted by the facility? <input type="checkbox"/> Employed <input type="checkbox"/> 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. Describe your duties as medical director:		
7. Describe services provided by the facility:		
8. Average hours each month medical director is on site at the facility:		
9. Do you supervise staff? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how many people?
10. Does the facility where you are acting as medical director provide you with coverage under their directors' and officers' liability insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please remit a copy of the declarations page of the D&O policy for proof of coverage.		
11. List all facility locations:		
12. Attach a copy of the facility (where you are a medical director) current medical professional liability insurance certificate or declaration page.		

Applicant signature

Date