



# SHAND MORAHAN & COMPANY, INC.

Ten Parkway North, Suite 100, Deerfield, Illinois 60015  
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Underwriting Manager  
A Markel Company

## SUPPLEMENT FOR NURSE ANESTHETISTS (CRNA) FOR PROFESSIONAL LIABILITY INSURANCE FOR SPECIFIED MEDICAL PROFESSIONS

- Deerfield Insurance Company
- Evanston Insurance Company
- Essex Insurance Company
- Markel American Insurance Company
- Markel Insurance Company

All questions MUST be completed in full.

If space is insufficient to answer any question fully, attach a separate sheet.

1. Full name of Applicant: \_\_\_\_\_
2. During administration of all anesthetics, do you use a pulse oximeter monitor? [ ] Yes [ ] No If No, explain.  
\_\_\_\_\_
3. During all anesthetics,
  - (a) Is an electrocardiogram continuously displayed? [ ] Yes [ ] No If No, explain.  
\_\_\_\_\_
  - (b) How often is the arterial blood pressure determined and evaluated? \_\_\_\_\_
  - (c) How often is the heart rate determined and evaluated? \_\_\_\_\_
  - (d) How is the circulatory function evaluated? \_\_\_\_\_
4. During all general anesthesia, do you use an end tidal CO2 monitor? [ ] Yes [ ] No If No, explain.  
\_\_\_\_\_
5. During all general anesthesia using an anesthesia machine, do you:
  - (a) Use an oxygen analyzer with a low concentration limit alarm? [ ] Yes [ ] No If No, explain.  
\_\_\_\_\_
  - (b) Test proper functioning of alarms prior to each use? [ ] Yes [ ] No If No, explain.  
\_\_\_\_\_
6. When ventilation is controlled by a mechanical ventilator, do you:
  - (a) Use a device equipped with a full set of safety alarms? [ ] Yes [ ] No If No, explain.  
\_\_\_\_\_
  - (b) Test proper functioning alarms prior to each use? [ ] Yes [ ] No If No, explain.  
\_\_\_\_\_
7. Are you present in the operating room throughout the conduct of all general anesthetics, regional anesthetics and monitored anesthesia care? [ ] Yes [ ] No If No, explain.  
\_\_\_\_\_
8. Are you supervised by an anesthesiologist? [ ] Yes [ ] No
9. What is the average number of patients seen? \_\_\_\_\_ weekly \_\_\_\_\_ annually
10. What is the average number of hours of practice time? \_\_\_\_\_ weekly

Signing this Supplement does not bind the Company to provide or the applicant to purchase the insurance.

It is understood that information submitted herein becomes a part of our application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by the applicant, officer, partner or equivalent (within 60 days of the proposed effective date).

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Date