

CERTIFICATE OF INSURANCE INSTRUCTIONS

To avoid rejection of a certificate and the possible identification of a policyholder as noncompliant, please complete all items on each certificate filed with the Fund. Should you have questions regarding the correct completion of a certificate, please call Rodney Orr at (608) 264-6227.

Item 1 Insurer Federal Employer Tax ID Number

Record your company's 9-digit federal employer tax ID number.

Item 2 Insurance Company Name

Record the complete name of your company.

Item 3 Submission Type

Record the reason(s) for submission of the certificate by keying an "X" in the appropriate box(es). Record the former policy number if submission type is renewal. Record the affected policy number if submission type is termination or change. Necessary information items for each submission type are specified below:

New Certificate:	Items 1 through 15
Renewal:	Items 1 through 6. Item 9 if policy number changes
Termination:	Items 1 through 7
Change:	ISO Code: Items 1 through 6, 8, 13, and 14
	Provider Type: Items 1 through 6, 8, and 15
	Policy "From": Items 1 through 6 and 8
	Policy "To": Items 1 through 6 and 8
	Other*: Items 1 through 6, 8, and the item changed

*Address, liability, coverage type

Item 4 Insured Name and Address

Record the complete name and address of the provider on whose behalf the certificate is submitted.

Item 5A Insured's State of Wisconsin License Number

If the insured is a physician, record the individual's Wisconsin professional license number. If the insured is a certified registered nurse anesthetist, record the individual's registered nurse license number. Use leading zeros as needed.

OR

Item 5B Insured's Federal Employer Tax ID Number

If the insured is a corporation, partnership, hospital, nursing home, ambulatory surgery center, or cooperative, record the business entity's 9-digit federal employer tax identification number.

Item 6 Policy Period

Record the "From" and "To" dates in numerical digits in month/day/year format. If claims-made coverage is in effect prior to the "From" date, record that date in the "Retroactive" field.

Item 7 Termination Date

Record the cancellation date in numerical digits in month/day/year format.

Item 8 Revision Date

Record the effective date of changes using numerical digits in month/day/year format. If multiple changes are made on different dates, separate forms must be submitted for each change.

Item 9 Insured's Policy Number (may not apply to approved self-insurers)

Record your insured's complete policy number on all new certificates. For renewal certificates, complete the policy number if different than previously reported.

Item 10 Liability Limits

Record the "each claim" and "aggregate" limits of the policy.

Item 11 Coverage Type

Record an "X" in the appropriate box designating the type of policy being issued, either claims-made or occurrence.

Coverage Limited to Specific Site, Employer, Etc.

Record a "Y" for yes or an "N" for no in the box designating whether or not coverage is limited to a specific practice location, to services performed for a specific employer or in any other way.

Item 12 Policy Form Number (not applicable to approved self-insurers)

Record the approved medical malpractice policy form number. The form number recorded must be identical to the form number on the Office of the Commissioner of Insurance stamped and dated approval page.

Item 13 ISO Code

Record the 5-digit numerical ISO Code used to rate the insured's primary coverage. Acceptable ISO codes are listed in s. Ins 17.28 (3) (c) 1, Wis. Adm. Code.

Item 14 ISO Code Specialty Narrative or Type of Entity

Record the English language definition of the ISO code specialty as found in s. Ins 17.28 (3) (c) 1, Wis. Adm. Code.

Item 15 Provider Type

Record the correct provider type from the listing on reverse side of the certificate. Only one provider type should be listed on each certificate. For example, do not report corporation coverage for a solo corporation (provider type 15) on the same certificate as a physician's individual coverage (provider type 01).

Provider Type - (Item 15)

- 01 Physician and Surgeon
- 02 Resident Physician and Surgeon
(Resident acting within the scope of a residency or fellowship program)
- 03 Resident Physician and Surgeon Who Practices Outside Residency or Fellowship
(Moonlighting only)
- 04 Medical College of Wisconsin Full-time Faculty
- 05 Medical College of Wisconsin Resident Physician and Surgeon
- 07 Retired or Part-time Physician
(Office practice only, no hospital admissions, practicing less than 500 hours in a fiscal year, July 1 - June 30)
- 13 Hospital
- 14 Nursing Home - Wholly Owned and Operated by a Hospital
- 15 Corporation - One Shareholder (corporation/partnership/facility must be organized and operated in Wisconsin)
- 16 Corporation - More than One Shareholder (corporation/partnership/facility must be organized and operated in Wisconsin)
- 17 Ambulatory Surgery Center
- 18 Cooperative
- 19 Partnership (corporation/partnership/facility must be organized and operated in Wisconsin)
- 26 Corporation - Nonstock
- 29 UW Resident
- 30 Nurse Anesthetist
- 40 Hospital Affiliate
(An entity operated in this state that is an affiliate of a hospital and that provides diagnosis or treatment of, or care for, patients of the hospital)
- 50 Physician and Surgeon Whose Principal Place of Practice Is Not Wisconsin
(More than 50% of the income from practice will be derived from outside Wisconsin and more than 50% of patients will be attended to outside of Wisconsin)
- 51 Nurse Anesthetist Whose Principal Place of Practice Is Not Wisconsin
(More than 50% of the income from practice will be derived from outside Wisconsin and more than 50% of patients will be attended to outside of Wisconsin)