

**A. PLEASE COMPLETE**

Name of Entity/Physician Employer:								
Effective Date	CRNA/AA Employee Name (First Name, Middle, Last Name)	Date of Birth (MO/DAY/YR)	Social Security Number	Retro Date No. (MO/DAY/YR)	Limit Type	License Number and State or Certification	Certification Courses/ School/Training (Include year of completion)	Claims?
					<input type="checkbox"/> Shared <input type="checkbox"/> Separate			<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Shared <input type="checkbox"/> Separate			<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Shared <input type="checkbox"/> Separate			<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Shared <input type="checkbox"/> Separate			<input type="checkbox"/> Yes <input type="checkbox"/> No
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					<input type="checkbox"/> Shared <input type="checkbox"/> Separate			<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Shared <input type="checkbox"/> Separate			<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Shared <input type="checkbox"/> Separate			<input type="checkbox"/> Yes <input type="checkbox"/> No

This roster addendum forms part of the application

For residents of all states except Oklahoma:

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto or knowingly helps with intent to defraud, commits a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**Oklahoma residents: Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing false, incomplete or misleading information is guilty of a felony.**

**Mail to:**

14001 University Avenue  
Clive, Iowa 50325-8258

**Email:** submissions@psicinsurance.com

**Questions:**

Phone: 800-788-8540  
Fax: 800-510-6370