



FREEDOM SPECIALTY  
INSURANCE COMPANY®

Home Office:

One Nationwide Plaza • Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675

**PHYSICIANS AND SURGEONS PROFESSIONAL LIABILITY  
SUPPLEMENTAL APPLICATION INFORMATION FOR PENNSYLVANIA APPLICANTS**

*Applicants in the state of Pennsylvania, please complete and attach with your Individual Application.*

APPLICANT'S NAME: \_\_\_\_\_

1. What percentage (based on the number of patients treated) of your practice is in Pennsylvania? ..... %

If the percentage of your practice in Pennsylvania constitutes forty-nine percent (49%) or less of your total practice, do you intend to participate in the MCARE fund? .....  Yes  No

*If you wish to learn more about the MCARE fund program and the cost of participation, please visit the MCARE fund Web site at [www.mcare.state.pa.us](http://www.mcare.state.pa.us)*

2. Have you been approved for the abatement of your MCARE assessment for the year you are requesting coverage?  Yes  No

Please attach the approval letter received from MCARE to this application. If you have not yet applied, we urge you to do so prior to the deadline. Additional information can be provided at [www.mcare.state.pa.us](http://www.mcare.state.pa.us)

3. Have you ever had any application for MCARE abatement declined by MCARE? .....  Yes  No

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. MANDATORY: All Pennsylvania applicants must read and initial the following:

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

**Initial Here:** \_\_\_\_\_