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| --- | --- | --- | --- | --- | --- | --- | --- |
| C:\Documents and Settings\Owner\Local Settings\Temporary Internet Files\Content.IE5\26P2IG0M\MCj03393040000[1].wmf  Lifetime Annuity Company  3310 Cushman Street ❖ Fairbanks, AK 99705 ❖ 907-555-8875 | | | | | | | |
| Application for Professional Liability | | | | | | | |
| First Name: Rachel | | | Middle Name: Brianne | | | | Last Name: Hayward |
| Address: 12091 South 234th Street, Fairbanks, AK 99704 | | | | | | | |
| Date of Birth: 01/18/1982 | | | Client Number: 10-541 | | | | Current Date: 04/08/2013 |
| Type of Deduction: Flat | | | | Deduction Amount: | | | |
| Check if this insurance is to be part of a program.  AANA  AAOMS  APTA-PPS  None | | | | | | | |
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|  | | | | | | | |
|  |  | Chiropractor | | |  | Medical Technician | |
|  |  | Dental Assistant | | |  | Nurse | |
|  |  | Dental Hygienist | | |  | Nurse Practitioner | |
|  |  | Dietitian/Nutritionist | | |  | Occupational Therapist | |
|  |  | Laboratory Director | | |  | Optometrist | |
|  |  | Medical Office Assistant | | |  | Paramedic/EMT | |
|  | | | | |  | | |
| APPLICANT’S SIGNATURE: | | | | | DATE: | | |
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