

# TUTORIAL: Generate Online Indication For Nurse Practitioner

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# GENERATE ONLINE INDICATION FOR NURSE PRACTITIONER TUTORIAL



**SOP#:** \_\_\_\_\_ **Revision/Version:** 1.0  
**Effective Date:** 2013

**Prepared By:** Technical Writer Judy Thomas

**Approved By:** CEO Daniel O'Neal

**Title:** TUTORIAL: Generate Online Indication For Nurse Practitioner

**Policy:** This tutorial serves as a standard operating procedure for generating an online indication for a nurse practitioner.

**Purpose:** To provide the insurance agent and applicant with instructions for processing an online indication for a nurse practitioner.

**Scope:** This tutorial covers processing an online indication for a nurse practitioner.

**Responsibilities:** The insurance agent may be responsible for processing an online indication for a nurse practitioner.

**Definitions:**

**Overview:** This tutorial was created in 2013 to help insurance agents and applicants generate online indications for nurse practitioners.

# System Requirements

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## **System Requirements**

**This tutorial assumes that the user:**

1. Has access to the internet

## **Browsers and Operating Systems:**

OnLine-PL is optimized to work on all of the following, prominent browsers:

- Internet Explorer 6 or greater
- Mozilla Firefox 15
- Google Chrome 22.1
- Safari 4

The Allied Health Application works best on all of the following operating systems:

- Windows XP or greater
- Mac OS X, 10.5 or greater

## Overview

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### **Overview**

This document was developed to assist agents and applicants in generating online indications for nurse practitioners.

This document contains one main section:

- [\*\*I. Generate Indication\*\*](#)

## **PART I—GENERATE INDICATION**

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### **PART I—GENERATE INDICATION**

This section illustrates how to generate a nurse practitioner indication on the web.

# 1. Generate Indication | Begin Quote

## Generate Indication | Begin Quote

**Fireman's Fund Insurance Company**  
Contact Us: 954-788-5197  
Insurance for Business & Organizations

Our Company | Our Commitments | Careers | Contact Us | Find and Agent

### Allied Health Application

**NEW** Enter your 5 digit zip code where the majority of your services are provided.  
33441  
[Get Instant Quote](#)

**RENEWAL** Enter your Web Renewal Code  
[Start Renewal Application >](#)

**WEB ACCESS NUMBER**  
If you have been provided a Web Access Code, a password is not necessary.  
[Log In >](#)

**RETURNING**  
User ID Password  
Your user ID is your e-mail address  
[Submit >](#)

**Fireman's Fund Insurance Company**  
A company of **Allianz**

Please note: All items marked in yellow are required fields.

[About Demo Agency](#) | [Our Privacy Policy](#)

Demo Agency 361 East Hillsboro Deerfield Beach, FL 33064 | [Logout](#)

1. Type the applicant's five-digit zip code into the designated field.
2. Click on the **Get Instant Quote** hyperlinked text. The Generate Indication | Select Profession page displays.

## 2. Generate Indication | Select Profession

### Generate Indication | Select Profession

Fireman's Fund<sup>®</sup> Insurance Company

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Please select your profession from the list below.

Nurse Practitioners/Clinical Nurse Specialists - Adult / Geriatric / Family Planning / Gynecology / Women's Health / Adult Oncology

Please indicate the business structure of your practice.

Corporation

If "Other" business structure, please explain.

Type an explanation if responded "Other" to the previous question.

If you have chosen "Student" click the "Next" button in the lower right of the screen.

**General Employment Information**

Do you have primary Professional Liability coverage through your employer?  Yes  No

Are you contracting services?  Yes  No

Do you own the Business you provide services through ?  Yes  No

Do you have employees, independent contractors or other owners providing services on your behalf?  Yes  No

Please confirm the average number of hours you work per week.

More than 20 hours a week

All the questions in yellow are required.

Nurse Practitioners/Clinical Nurse Specialists - Adult / Geriatric / Family Planning / Gynecology / Women's Health / Adult Oncology

Previous    Next

Save    Quit

1. Click to select the applicant's profession from the dropdown menu.
2. Click to select the applicant's practice business structure from the dropdown menu.
3. If the applicant selected Other in response to the previous question, type an explanation of their business structure into the designated field.
4. Click to select whether the applicant has primary professional liability coverage through their employer.
5. Click to select whether the applicant is contracting services.
6. Click to select whether the applicant owns the business they provide services through.
7. Click to select whether the applicant has employees, independent contractors or other owners providing services on their behalf.
8. Click to select whether the applicant works greater or less than 20 hours a week.
9. Click on the **Next** button. The Generate Indication | Policy Information page displays.

### 3. Generate Indication | Policy Information

#### Generate Indication | Policy Information

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### POLICY INFORMATION

Proposed/Requested Policy Effective Date: 11/01/2013

Policy Type Required: Occurrence

Requested Limits: \$1,000,000/\$6,000,000

Are you performing consulting services, acting as an expert witness, speaking at seminars, teaching or performing training services?  Yes  No

School and Date of Graduation: Johns Hopkins 06/01/1988

\*Please review the box at the right for a description of the CSLE endorsement regarding additional coverage you may need if you are performing any of these services.

Are you a member of an association? If so, please select one from the list at the right. 3442 - Association of Oncology Social Workers (AOSW)

If your association is not listed, enter it here ----> Type the allied health professional's association name if it is not listed above.

All the questions in yellow are required.

#### CONSULTING SERVICES LIABILITY ENDORSEMENT (CSLE)\*

Professional liability insurance provides coverage should a medical incident arise out of professional services you rendered, and injury or damage occur as a result. Whether or not your specific consulting, acting as an expert witness, speaking at seminars, teaching or training activities are also within the scope of your state practice act is a question best answered by your State Board. But from an insurance perspective, it is important for you to know that liability that results from consulting may not be covered under professional liability insurance. Losses that typically arise out of a consulting practice are

Previous    Next

Save    employment status Self Employed Individual    Quit

1. Type to enter or click on the calendar to select the applicant's proposed/requested policy effective date (MM/DD/YYYY).
2. Click to select the applicant's policy type from the designated dropdown menu.
3. Click to select the applicant's requested limits from the dropdown menu.
4. Click to select whether the applicant is performing consulting, acting as an expert witness, speaking at seminars, providing teaching or training services.
5. Type the applicant's school name into the designated field.
6. Type to enter or click on the calendar to select the applicant's date of graduation.
7. Click to select the applicant's association from the dropdown menu, if applicable. **NOTE:** If the applicant belongs to an association that is not listed under the dropdown menu, type the name of the association into the designated field.
8. Click on the **Next** button. The Generate Indication | Initial Professional Liability Quote Indication page displays.

## 4. Generate Indication | Initial Prof. Liability Quote Indication

### Generate Indication | Initial Professional Liability Quote Indication

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#### Professional Liability (PL) Quote Indication

Nurse Practitioners/Clinical Nurse Specialists - Adult / Geriatric / Family Planning / Gynecology / Women's Health / Adult Oncology

Limits	\$1,000,000/\$6,000,000
Deductible	\$0
Policy Type	Occurrence
Effective Date	10/01/2013
Expiration Date	10/01/2014
Base Premium	\$4,118.00
Taxes & Fees	\$42.00
<hr/>	
Annual PL Premium	\$4,160.00

**\$4,118.00**

**Begin the application process now.**

Click start application on the bottom right of your screen.

At the end of the application process you will be able to purchase your policy through our secure payment gateway.

Your policy documents will be e-mailed to you after purchasing through your secure login portal.

Application Number 8728

Nurse Practitioners/Clinical Nurse Specialists - Adult / Geriatric / Family Planning / Gynecology / Women's Health / Adult Oncology Application for Broward County, FL

**\$4,118.00**

<<Back | **Apply Now "Click Here" >>** | Next >>

Save | 82672 | Quit

1. Click on the **Apply Now "Click Here" >>** hyperlinked text to continue.

This concludes the Generate Indication portion of this tutorial.

# Revision History

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## Revision History

Revision:	Date:	Requested By:	Description of Changes:	Signature