



American Acupuncture Council &  
**SCOTT DANAHY NAYLON**  
INSURANCE BROKERS

## Part-Time Application and Affidavit

### Practice Details:

1. Full Name: \_\_\_\_\_
2. Policy Number: \_\_\_\_\_ 3. Effective Date: \_\_\_\_\_
4. # of Patients you see weekly: \_\_\_\_\_ 5. # of Days Worked: \_\_\_\_\_
6. Office Hours: \_\_\_\_\_
- |     |     |     |     |     |     |     |
|-----|-----|-----|-----|-----|-----|-----|
| Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|-----|-----|-----|-----|-----|-----|-----|

### Member Affidavit:

1. I hereby declare that I am working on a part-time basis (20 hours or less) in both direct patient care and related administrative activities. This limited practice schedule is the result of (check applicable box):
- a. I am an instructor at the following Acupuncture College:  
\_\_\_\_\_
  - b. I have been in practice for fifteen years or longer and am now semi-retired.
  - c. Other – Please attach specific details explaining the reason for your part-time status, including evidence of other activities in which you are engaged which prevent you from full time practice.
2. I agree to notify the Company and get prior written approval before resuming a full time practice and I understand that in such case additional premium charges will be due in accordance with the Company's rules and rates in effect at the time I resume such full time practice.
3. I understand that this Affidavit is part of my application. I understand that the premium paid for Part-Time coverage could not and does not provide adequate payment to cover the cost of full time professional liability coverage.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)