

Procedure	Type of Anesthesia the Patient Is Given	Location(s) Where the Procedures Are Performed	Estimated Number Performed Per Year

SECTION II: Remarks

Please provide any additional information to further describe your practice that has not otherwise been addressed in this questionnaire:

For California and Rhode Island Physicians Only

I represent and warrant the truth of my statements and information mentioned herein, and that I have not withheld any information that may be relevant to my coverage. I agree to notify NORCAL Mutual Insurance Company immediately if my practice changes in any way and of any change in the information contained on this questionnaire.

Signature

Date

Print Name

For Alaska Physicians Only

I represent the truth of my statements and information mentioned herein, and that I have not withheld any information that may be relevant to my coverage. I agree to notify NORCAL Mutual Insurance Company immediately if my practice changes in any way and of any change in the information contained on this questionnaire.

Signature

Date

Print Name