

Name: _____ License No.: _____

FINANCIAL RESPONSIBILITY

The Financial Responsibility options are divided into two categories, coverage and exemptions. Choose only **ONE** option that best describes your situation.

FINANCIAL RESPONSIBILITY COVERAGE

- ... 1. I have obtained and will maintain professional liability coverage in an amount not less than \$100,000 from an authorized insurer as defined under section 624.09, F.S., from an eligible surplus lines insurer as defined under s. 629.914(2), F.S., from a risk retention group as defined under s. 627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), F.S., or through a plan of self-insurance as provided in s. 627.357, F.S.
- ... 2. I have established and will maintain an escrow account consisting of cash or securities eligible for deposit in accordance with s. 625.52, F.S., in an amount of not less than \$100,000.
- ... 3. I have obtained and will maintain an unexpired, irrevocable letter of credit, established pursuant to Chapter 675, F.S., in an amount not less than \$100,000 and in compliance with rule 64B18-14.0072(1)(c), Florida Administrative Code.

EXEMPTION CATEGORIES OF FINANCIAL RESPONSIBILITY COVERAGE:

- ... 1. I practice podiatric medicine exclusively as an officer, employee, or agent of the federal government, or of the state or its agencies or subdivisions.
- ... 2. I hold a limited license issued pursuant to s. 456.015, F. S., and practice only under the scope of the limited license.
- ... 3. My Florida license is inactive and I do not practice podiatric medicine in the State of Florida.
- ... 4. I practice podiatric medicine only in conjunction with my teaching duties at an accredited school or in its main teaching hospitals.
- ... 5. My Florida license is active, but I do not practice podiatric medicine in the State of Florida.
- ... 6. I have had no malpractice exposure in the state and can demonstrate to the board or department my lack of malpractice exposure.

I affirm that these statements are true and correct and recognize that providing false information may result in disciplinary action or criminal penalties as provided in Sections 456.067, 456.072, 755.082 and/or 755.084, Florida Statutes.

Signature of Licensee

Date