



HUMAN SERVICES
DEPARTMENT

**AFFIDAVIT AND CERTIFICATION OF
LIABILITY INSURANCE COVERAGE**

AFFIDAVIT OF: _____
(Name of Midwife)

STATE OF NEW MEXICO)
) ss.
COUNTY OF _____)

I, _____, being duly sworn, depose and state as follows:

1. I am licensed as either a Licensed Certified Nurse-Midwife (CNM) or a Licensed Direct-Entry Midwife (DEM) to perform midwifery services in the State of New Mexico.

2. I (Select One):

_____ have not had any judgments against me in the past five (5) years for any midwife or related service I have performed or been responsible for; or

_____ have had a judgment or judgments against me in the past five (5) years for a midwife or related service I have performed or been responsible for. (Attach a brief statement of situation; date; state, city, county and professional association or court which handled the matter; any docket number or case identification; and the adjudication or other result.)

3. I (Select One):

_____ have not had any malpractice claims or other negligence claims brought against me in the past year (from _____ to _____) for any midwife or related service I have performed or been responsible for; or

_____ have had malpractice claims or other negligence claims brought against me in the past year (from _____ to _____) for a midwife or related service I have performed or been responsible for. (Attach a brief statement of situation; date; state, city, county and professional association or court which handled the matter; any docket number or identification; and the adjudication or other result.)

4. I (Select one):

_____ am presently covered by malpractice insurance and/or professional liability insurance in the minimum amount of \$600,000 aggregate coverage and \$200,000 coverage per wrongful act or occurrence, but I have been unable to obtain such coverage for out-of-hospital birth services, or

_____ have in the past twelve (12) months, attempted to obtain malpractice insurance and/or professional liability insurance in the minimum amount of \$600,000 aggregate coverage and \$200,000 coverage per wrongful act or occurrence from at least three (3) different insurance carriers to cover malpractice claims or other negligence claims for my professional practice in midwifery in New Mexico; or

_____ am submitting a blanket statement, which will be revisited and provided every twelve (12) months, from three insurers obtained by the New Mexico Midwives Association (NMMA) or the American College of Nurse Midwives V/1 (ACNM V1) (copy or copies of such information is attached to this Affidavit); or

_____ have been given premium quotes for insurance coverage in the amounts stated above that exceed twenty percent (20%) of my annual gross income from out-of-hospital birthing services performed as a licensed or certified midwife. Attached to this Affidavit is proof from the insurance carriers as to the quoted premiums or denial of coverage, with proof of my annual income from services performed as a licensed or certified nurse midwife.

FURTHER AFFIANT SAYETH NOT.

AFFIANT

DATE

SUBSCRIBED AND SWORN to before me by _____

on _____.

NOTARY PUBLIC
My Commission Expires:
