



# CT Request to Add the Employee Endorsement

## SECTION A – GENERAL INFORMATION

Name: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

NCMIC Policy Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
STREET

CITY STATE ZIP

Office Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_  
Your email address will never be sold. It will be used to send you important notices.

## SECTION B – REQUEST TO ADD EMPLOYEE COVERAGE

- Yes**, please add the Employee Endorsement to my policy listed above. I understand there is an additional charge of 10% of my basic premium to add coverage for my unlicensed ancillary staff and licensed massage therapists. This Endorsement will be effective on the day following receipt of this form by NCMIC.
- No**, I do not want to add the Employee Endorsement to my policy. I understand there is no coverage under my policy for any employees.

## SECTION C – PLEASE READ, SIGN AND DATE

I understand that unless and until this form is returned to NCMIC Insurance Company electing in favor of the Employee Endorsement, no coverage for my employees is in force.

Also, I have no knowledge of any claims or incidents of potential malpractice which may have occurred that I have not yet reported to any insurance carrier.

By signing this application, I certify and attest that the statements, information, and answers provided herein are true and accurate. I understand that NCMIC Insurance Company (NCMIC) shall rely upon the statements, information, and answers provided on this application to determine whether to accept this application for insurance and, if the application is accepted, to determine at what rate to insure.

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto or knowingly helps with intent to defraud, commits a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**X** \_\_\_\_\_  
SIGNATURE

**X** \_\_\_\_\_  
DATE

**X** \_\_\_\_\_  
AGENT SIGNATURE

**X** \_\_\_\_\_  
DATE

## SECTION D – PLEASE READ, SIGN AND DATE

**Mail to:**

NCMIC Insurance Company  
P.O. Box 9118  
Des Moines, IA 50306

**Fax to:**

1-800-996-2642

**Scan and email to:**

submissions@ncmic.com

**Questions? Call toll free**

1-800-952-9935