

Request for Additional Insured on NCMIC Malpractice Coverage

All questions must be answered. If there is not enough space, please attach a separate sheet of paper with complete details including the question that you are addressing. Coverage for the additional insured will be effective only upon approval by NCMIC. There is an additional charge for this endorsement.

Section A – PLEASE TELL US ABOUT YOURSELF									
Nar	ne:	LAST		FIRST		MIDDLE INITIAL			
Mai	iling Address:								
		STREET			STATE	ZIP			
Pra	ctice Phone: ()		Practice Fax: ()				
NCI	MIC Policy Numb	er:		Home Phone: ()				
Ema	Email Address:Your email address will never be sold. It will be used to send you important notices.								
Se	Section B – PLEASE TELL US ABOUT YOUR ADDITIONAL INSURED								
1.	Name of entity to	o be added to your p	oolicy:						
2.	Address of addit	ional insured:	T	CITY	STATE	ZIP			
3.									
0.	responsibilities:								
4.	Affiliated hours p	per month:	Expecte	ed dates of affiliation:		_ to			
5.	Are you required	l by contract to add t	the additional i	insured to your liabili	ty policy?	🗆 Yes 🛛 No			
6.	Does this require	ement apply to your	Professional Li	ability policy					
						🖞 🗆 General Liability			
	Please Note: You	r NCMIC Malpractice	Plan does not	include general liabilit	y coverage.				
7.	Are you an empl	oyee of the addition	al insured?			□Yes □ No			
8.	Are you an inder	pendent contractor fo	or the addition:	al insured?		□Yes □No			
0.									
9.	Do you maintain	a private practice ou	itside your dut	ies with the additiona	I insured?	□Yes □ No			
10	Do vou perform	full exams histories	and document	tation?					
	20 you pononn								

Section C – PLEASE READ, SIGN AND DATE

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.

California Residents: 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.

Washington Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Χ_		X	
	NCMIC POLICYHOLDER'S SIGNATURE	DATE	
Χ		X	

Section D – RETURN THIS FORM