

Request for Extern Malpractice Coverage

Please complete all information below. Along with this application, send a letter from your state licensing/registration board or college showing that you are involved in the Extern Program. The supervising Naturopathic Doctor must be insured with NCMIC. Limits of liability will be shared with the supervising Naturopathic Doctor's limit; a separate limit does not apply. Premium must be received in full before the policy can become effective. The premium for this endorsement will be \$300.00 per extern. Coverage will be effective only upon approval by NCMIC.

Section A – GE						
Applicant Name: _	LAST FIRST				MIDDLE INITIAL	
Mailing Address:	STREET	CITY	STATE	COUNTY		ZIP
Last four digits of y	our Soc. Sec. No.:				Male	□ Female
Date of Birth:		Date of G	raduation:/			
Naturopathic Colleg	ge Attended:					
Proposed Effective	Date (Date the app	olication is received	at NCMIC or later if sp	ecified):	/	
Email Address:	r email address will never	be sold. It will be used to se	nd you important notices.			
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Section B - PR	ACTICE INFO	DRMATION				
Name of Supervisir	ng Doctor:		FIRST		MIDDLE	: INITIAL
Practice Address:						
			STATE Practice Fax: (COUNTY		ZIP
Practice Phone: ()		Practice Fax: (/		
Section C - PL	EASE READ,	SIGN AND DA	ГЕ			
under the supervision	n of the Naturopathi	c Doctor. Coverage wil	ove mentioned supervising the supervising the subsection on the earliest of the tive date of the extern po	e following: 1) Te		
			newore provided berein are true s			

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.

New Hampshire residents: By signing this application, I represent 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.

For Residents of all States Except Colorado, Maine, Maryland, Pennsylvania, Washington and District of Columbia: 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.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia: WARNING: It is a crime to provide false, or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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Section C - PLEASE READ, SIGN AND DATE (CONTINUED) Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Maine and Washington: 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. Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. SIGNATURE AGENT SIGNATURE Section D - RETURN THIS FORM Mail to: Scan and email to: **Questions? Call toll free** Fax to: **NCMIC Insurance Company** 1-800-996-2642 submissions@ncmic.com 1-800-952-9935 P.O. Box 9118 Des Moines, IA 50306