NCMIC
Insurance Company

Request for Temporary Leave of Absence Endorsement

Section A – GENERAL INFORMATION

Name:_____
LAST FIRST MIDDLE INITIAL

NCMIC Policy Number: _____

Section B – SUSPENSION INFORMATION

Period of Suspension (must be for a minimum of 60 days and no longer than 180 days):

From:_____ To:_____

Reason for Suspension: _____

_____

_____

Section C – PLEASE READ, SIGN AND DATE

By signing this Request for Temporary Leave of Absence Endorsement, I hereby verify that I am aware that coverage will NOT be provided for any claim that arises from an injury that occurred during the Period of Suspension noted above. I agree that I will not treat patients during this Period of Suspension. I also understand that no changes can be made to this policy during this Period of Suspension.

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.

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.

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.

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.

X_____ X_____
SIGNATURE DATE

X_____ X_____
AGENT SIGNATURE DATE

Section D – RETURN THIS FORM

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