

Please complete a separate request for each corporation/entity to be insured. 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 will be effective only upon approval by NCMIC.

Section A – GENERAL INFORMATION

Name: _____
LAST FIRST MIDDLE INITIAL

NCMIC Policy Number: _____

Mailing Address: _____
STREET CITY STATE ZIP

Practice Phone: (_____) _____ Practice Fax: (_____) _____

Email Address: _____
Your email address will never be sold. It will be used to send you important messages.

Section B – CORPORATE/ENTITY INFORMATION

1. Name of entity: _____

2. Practice Address: _____
STREET CITY STATE ZIP

3. Date of Incorporation: _____ / _____ Federal Tax ID No.: _____
MO YR

4. Do you have a website? Yes No
✓ If "yes," please list website address: _____

5. Are you the owner or the majority shareholder of this legal entity? Yes No

6. Do you have malpractice coverage for this entity under another policy? Yes No
✓ If "yes," please attach a copy of that policy's declarations page.

7. Is the purpose of your professional entity naturopathic in nature?..... Yes No
If "no," please explain: _____

8. Are there other licensed professionals practicing in this entity/office other than yourself? Yes No
If "yes," please provide the requested information for each licensed individual in your office.

IMPORTANT: All licensed professionals must have malpractice coverage with equal or greater limits of liability.

Name	Designation	Insurance Company	Limits of Liability	Expiration Date

Please attach a declarations page for each individual listed above.

9. Are there other owners, officers and/or directors of the professional entity other than yourself?... Yes No
If "yes," please provide the requested information for yourself and each officer and/or director of the professional entity. IMPORTANT: Naturopathic directors and officers must be insured with NCMIC with equal or greater limits of liability. Coverage will be added to only one policy, most often the professional entity president's policy. Please provide proof of coverage.

Name	Title	Professional Designation	Relationship to Insured (if applicable)	% of Ownership

Please attach a declarations page for each individual listed above.

Section C – SELECT YOUR COVERAGE

The following options for coverage are available – please check the coverage you desire:

- Shared Limits (Not available in CT):** This provides shared limits of liability coverage for the entity at no additional cost.
- Separate Limits (Group Policy):** This provides separate limits of liability coverage for the entity as well as the insureds listed on the Schedule of Insureds. The premium for this coverage will be 20% of the total undiscounted base premium for each insured listed on the Schedule of Insureds. **Important Note:** In order to qualify for this coverage, all naturopathic employees, officers, directors, and partners must be insured with NCMIC on a group policy.
- Sole Practitioner (Only available in CT):** This coverage provides shared limits of liability at no additional charge to a Naturopathic Doctor's professional entity, as long as the entity does not employ any other licensed health care providers.

Section D – 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.

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.

Section D – PLEASE READ, SIGN AND DATE (CONTINUED)

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 _____
SIGNATURE

X _____
DATE

X _____
AGENT SIGNATURE

X _____
DATE

Section E – 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