



- Along with this completed application, send a letter from your state licensing board or college showing that you are involved in the Extern Program.
- Supervising Doctor of Chiropractic must be insured.
- Limits of liability will be \$100,000 each claim/\$300,000 aggregate.
- Premium is 10% of the undiscounted base rate for an occurrence policy. Coverage will be effective only upon receipt of your Request for Coverage, premium in full and approval by NCMIC.

GENERAL INFORMATION

Name: _____
Last First Middle Initial

Prospect Number: _____

Mailing Address: _____
Street

City State Zip

Social Security Number: _____ Male Female

Date of Birth: _____ Date of Graduation: _____

Chiropractic College Attended: _____

I plan to practice in the office of: _____

Proposed Effective Date(*Date the application is received at NCMIC or later if specified*): _____

Office Phone: _____ FAX: _____

Home/Cell Phone: _____ Email Address: _____

Your email address will never be sold. It will be used to send you important messages.

PRACTICE INFORMATION

Name of Supervising Doctor: _____

Practice Address: _____
Street

City County State Zip

Malpractice Insurance Company of Supervising Doctor: _____

Practice Phone: _____

FAX: _____

Continued



GENERAL INFORMATION

Name: _____
Last First Middle Initial
 Prospect Number: _____

PLEASE READ, SIGN AND DATE

I understand that I am limited to practice at the office of the abovementioned supervising doctor and must be directly under the supervision of the Doctor of Chiropractic at all times. Coverage will end on the earliest of the following: (1) Termination of extern program; (2) Licensure; (3) One year from the effective date of the extern policy; (4) Upon cancelation.

For residents of all states except AL, AR, CO, LA, MD, ME, NJ, NY, OK, TN, VA, WA, WV and District of Columbia and Puerto Rico: 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 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.

Alabama, Arkansas, Louisiana and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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: 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, Tennessee, Virginia 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.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation (11 NYCRR 86.4(a)) {parallel citation Regulation 95}.

Oklahoma: Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of any insurance policy containing false, incomplete or misleading information is guilty of a felony.

Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. If aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Coverage offered by NCMIC Insurance Company.

X

Signature

X

Agent Signature

X

Date

X

Date

RETURN THIS FORM BY MAIL, FAX OR EMAIL

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

Fax:
1-800-996-2642

Email:
 submissions@ncmic.com

Questions? Call toll free
1-800-247-8043