NCMIC Insurance Company

Request for Extern Malpractice Coverage

Please complete all information below. Along with this application, send a letter from your state licensing 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 – GENERAL INFORMATION

Applicant Name: _____
LAST FIRST MIDDLE INITIAL

Mailing Address: _____
STREET CITY STATE COUNTY ZIP

Last four digits of your Soc. Sec. No.: _____ ☐ Male ☐ Female

Date of Birth: _____ / _____ / _____ Date of Graduation: _____ / _____ / _____

Naturopathic College Attended: _____

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

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

Section B – PRACTICE INFORMATION

Name of Supervising Doctor: _____
LAST FIRST MIDDLE INITIAL

Practice Address: _____
STREET CITY STATE COUNTY ZIP

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

Section C – PLEASE READ, SIGN AND DATE

Insurance coverage becomes effective upon approval of the application. It is agreed that this form shall be the basis of the contract. Acceptance of the premium does not constitute approval of the application. By signing this application the applicant authorizes the Company to conduct any and all necessary background investigations in support of this application of insurance.

I hereby acknowledge that the aforementioned statements and answers are correct and complete to the best of my knowledge and belief.

I understand that I am limited to practice at the office of the above mentioned supervising doctor and must be directly under the supervision of the Naturopathic Doctor. 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.

X _____ X _____
SIGNATURE DATE

X _____ X _____
AGENT SIGNATURE DATE

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

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.

Section D – RETURN THIS FORM

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

Or fax to:
1-800-996-2642

Questions? Call toll free
1-800-952-9935