



Request for Additional Insured on NCMIC Malpractice Coverage

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 for the additional insured will be effective only upon approval by NCMIC. There is no additional charge for this endorsement.

Section A – PLEASE TELL US ABOUT YOURSELF

Name: _____
LAST FIRST MIDDLE INITIAL

Mailing Address: _____
STREET CITY STATE ZIP

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

NCMIC Policy Number: _____ Home Phone: (_____) _____

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

Section B – PLEASE TELL US ABOUT YOUR ADDITIONAL INSURED

1. Name of entity to be added to your policy: _____

2. Address of additional insured: _____
STREET CITY STATE ZIP

3. Please explain your affiliation (including ownership) with the additional insured including details of your responsibilities:

4. Affiliated hours per month: _____ Expected dates of affiliation: _____ to _____

5. Are you required by contract to add the additional insured to your liability policy? Yes No

6. Does this requirement apply to your Professional Liability policy or to a General Liability policy? Professional Liability General Liability
Please Note: Your NCMIC Malpractice Plan does not include general liability coverage.

7. Are you an employee of the additional insured?..... Yes No

8. Are you an independent contractor for the additional insured? Yes No
9. Do you maintain a private practice outside your duties with the additional insured? Yes No
10. Do you perform full exams, histories and documentation? Yes No

Section C – PLEASE READ, SIGN AND DATE

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

X _____
 NCMIC POLICYHOLDER'S SIGNATURE

X _____
 DATE

X _____
 AGENT SIGNATURE

X _____
 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