

Section A – GENERAL INFORMATION

Name: _____
LAST FIRST MIDDLE INITIAL

Mailing Address: _____
STREET CITY STATE ZIP

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

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

NCMIC Policy Number: _____

Section B – POLICY LIMIT CHANGE INFORMATION

Please increase/decrease the limits of liability on my NCMIC Professional Liability Insurance Policy to (check one):

<input type="checkbox"/> \$100,000/\$300,000	<input type="checkbox"/> \$200,000/\$600,000	<input type="checkbox"/> \$250,000/\$750,000
<input type="checkbox"/> \$500,000/\$1 million	<input type="checkbox"/> \$500,000/\$1.5 million <small>(available only in CT)</small>	<input type="checkbox"/> \$1 million/\$3 million

Reason for change request (required): _____

Please fax me a copy of my declarations page showing the new limits (a copy will automatically be mailed to you).

Section C – PLEASE READ, SIGN AND DATE

I hereby authorize NCMIC to change the limits of liability for my malpractice insurance coverage as indicated above. I understand that if I fax my request for a limit increase to NCMIC, this change will become effective on the following day if approved. All other changes will be made effective the same day if approved, unless I request otherwise. I am aware that all claims reported after the effective date of this limit change will be covered at the new limit of liability regardless of when the alleged incident occurred.

Also, I have no knowledge of any claims or incidents of potential malpractice which may have occurred that I have not yet reported to any insurance carrier.

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.

Continued 

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

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 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
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