

Request for Supplemental Acupuncture/Oriental Medicine Protection

All questions must be answered. If there is not enough space, please attach a separate sheet of paper with complete details including the question you are addressing. The charge for this endorsement is 15% of the discounted base premium. Coverage for Acupuncture/Oriental Medicine will be effective only upon approval by NCMIC.

Section A – GENERAL INFORMATION

Name: _____
LAST FIRST MIDDLE INITIAL

NCMIC Policy Number: _____

Section B – ACUPUNCTURE & ORIENTAL MEDICINE INFORMATION

1. What percentage of your practice is Acupuncture & Oriental Medicine?..... _____%
2. Are you licensed? Yes No
✓ If "yes," please attach a copy of your license.
3. Are you certified? Yes No
✓ If "yes," please attach a copy of your certification.
4. Are only disposable stainless steel needles used? Yes No
5. Are needles disposed of after each use? Yes No
6. Are impervious containers used for disposal of needles? Yes No
7. Are used needles and the disposal containers ultimately picked up by a waste hauler service that specifically handles hazardous waste? Yes No
✓ If "no," please explain: _____
8. Are needles removed from the patient before 24 hours elapse? Yes No
✓ If "no," how long do needles remain in the patient? _____

Section C – 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.

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.

Continued 

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 _____ **X** _____
SIGNATURE DATE

X _____ **X** _____
AGENT SIGNATURE 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