NCMIC Insurance Company

Licensed Physical Therapist Professional Liability Supplemental Application

If you maintain a current Physical Therapy license in addition to your Chiropractic license and desire coverage for this portion of your practice, please complete the following. All questions must be answered. If you need more space, please attach a separate sheet of paper.

- **Please provide a copy of your state issued Physical Therapy License.**
- **Coverage for this endorsement will be effective only upon receipt of your Request for Coverage and approval by NCMIC.**

GENERAL INFORMATION

Name: _____
Last First Middle Initial

Policy Number: _____

Mailing Address: _____
Street

_____
City State Zip

Office Phone: _____ FAX: _____

Home/Cell Phone: _____ Email Address: _____

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

PHYSICAL THERAPY CERTIFICATION INFORMATION

Name of institution where you received your Physical Therapist training: _____

Designation Received: _____ Years attended: From _____ To _____

Graduation Date: _____ Original License Date: _____

Year you began practicing as a physical therapist: _____ What percent of your practice is physical therapy? _____

List all states where you currently practice as a physical therapist, the license number, date of license expiration and the percent you practice in each:

LICENSE NUMBER	STATE	EXPIRATION DATE	% OF PRACTICE

Please attach a copy of each active license you hold.

If you are a faculty member, please list the Institution(s):

Do you discuss and document informed consent prior to treating all patients? ☐ Yes ☐ No

Do you keep documented records on every visit of all treatment performed on patients, including discussions for follow-up care? ☐ Yes ☐ No

Continued ➡

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GENERAL INFORMATION

Name: _____
Last First Middle Initial

Policy Number: _____

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 AL, AR, CO, LA, MD, ME, NJ, OK, PA, 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.
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.
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.
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 _____ X _____
Signature Date

X _____ X _____
Agent Signature Date

☐ Please email me a copy of my revised declaration page (a copy will automatically be mailed to you).

Email Address: _____

RETURN THIS FORM BY MAIL, FAX OR EMAIL

Mail:	**Fax:**	**Email:**	**Questions? Call toll free**
NCMIC Insurance Company P.O. Box 9118 Des Moines, IA 50306	**1-800-996-2642**	**submissions@ncmic.com**	**1-800-247-8043**