

A. GENERAL INFORMATION

Dentist's Name _____
First Middle Last

Policy Number: _____

Address: _____
Street City State Zip County

Office Phone: _____ Office Fax: _____

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

B. REQUEST TO ADD EMPLOYEE COVERAGE

- Yes, please add the Employee Endorsement to my policy listed above. I understand there is an additional charge of 10% of my base premium to add coverage for my employee(s). This endorsement will be effective the day following receipt by NCMIC Insurance Company.
- PLEASE NOTE:** Employee means any person employed by, or acting under the direction and control of, the Named Insured or Insured dentist. However, employee does not include any:
- a. Intern, extern, fellow, resident, dentist, dental hygienist, chiropractor, acupuncturist, osteopathic or medical doctor; or
 - b. Certified Registered Nurse Anesthetist (CRNA); nurse midwife; Nurse Practitioner (NP); Physician Assistant (PA); Psychologist; podiatrist; or surgical assistant.
- No, I do not want to add the Employee Endorsement to my policy. I understand there is no coverage under my policy for any employees.

C. SIGNATURE REQUIRED

I understand that unless and until this form is returned to NCMIC Insurance Company electing in favor of the Employee Endorsement, no coverage for my employees is in force.

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.

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.

Dental malpractice is offered through PSIC RPG Association. Coverage is underwritten by NCMIC Insurance Company.

Signature of Applicant

Date

Signature of Soliciting Agent (Please Print Full Name)

Agency Name