

Prior Acts Supplemental Application for Professional Liability Insurance

This is an application for insurance and is not a binder. No coverage exists until authorized in writing by the Company. Prior acts coverage, if provided, is provided under the terms and conditions of the MDAvantage Insurance Company of New Jersey Policy and does not assume any of the policy and endorsement language of a former insurance provider.

1. Medical Provider Information

Name of Applicant:

2. Prior Coverage Information

List below your previous medical professional liability insurance information back to the desired Prior Acts Retroactive Date. Please note there cannot be any gaps in coverage.

Insurance Company	Policy Number	Policy Period	Policy Retroactive Date	Type of Policy	Specialty Practiced	Limits of Liability Carried
				<input type="checkbox"/> Occurrence Type Policy <input type="checkbox"/> Claims-Made Policy Tail Purchased <input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Occurrence Type Policy <input type="checkbox"/> Claims-Made Policy Tail Purchased <input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Occurrence Type Policy <input type="checkbox"/> Claims-Made Policy Tail Purchased <input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Occurrence Type Policy <input type="checkbox"/> Claims-Made Policy Tail Purchased <input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Occurrence Type Policy <input type="checkbox"/> Claims-Made Policy Tail Purchased <input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Occurrence Type Policy <input type="checkbox"/> Claims-Made Policy Tail Purchased <input type="checkbox"/> Yes <input type="checkbox"/> No		

Attach a copy of all previous and current policy declarations pages for the coverage periods shown above showing your specialty and limits of liability, including schedules where you are named. **Attach additional sheets as needed.**

Prior Acts Coverage is only available on a Claims-Made Policy and cannot have a retroactive date prior to January 1, 2002.

Desired Prior Acts Retroactive Date:

What criteria do you use to determine whether or not to report an incident to your current insurance carrier?

Have any claims ever been made against you? Provide all prior carrier claim history reports.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you know of any pending claims, incidents or activities, including any request for patient records that might give rise to any claim in the future?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If you answered "yes" in either question above, complete the chart below. (Attach additional pages, if necessary).

Prior Coverage Information (Continued)

Claims or Incidents:	1	2	3	4	5
Carrier:					
Policy Term:					
Policy Limits:					
Policy Number:					
Plaintiff's Name:					
Currently Open/Closed:					
Incident Date:					
Report Date:					
Amount Paid on your behalf:					
Defense Costs:					

Please attach a brief description of any claim or incident on a separate sheet.

Have you reported all claims or activities described above to your prior insurance carrier(s)? If no, identify each claim or incident that has not been reported on a separate sheet and attach. Yes No

By signing this Application, the Applicant authorizes any insurer, hospital, healthcare provider, medical association or society, board of medical examiners, governmental agency, attorney or other person or entity to release to the Company any information concerning medical malpractice claims against the Applicant and such other information which, in the judgment of the Company, may have a bearing on the Applicant's acceptability to the Company as an Insured. The Applicant hereby releases and agrees to hold harmless any person providing such information to the Company and the Company, its directors, officers, employees, or agents from any liability arising out of the disclosure or use of such information, including any liability arising out of errors and omissions in the information disclosed.

No fact, circumstance or situation indicating the probability of a claim or action against which indemnification would be afforded by the proposed insurance is now known by any person or entity applying for this insurance other than those which are disclosed in this Application. It is agreed by all concerned, without prejudice to any other rights and remedies of the Company, that if any person or entity applying for this insurance has any knowledge of any such fact, circumstance or situation, any claim subsequently emanating therefrom shall be excluded from coverage under the proposed insurance as to all insured persons.

Signing of this Application does not bind the Company to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a policy be issued, and that this Application will become part of such policy, if issued, and attached thereto. The Company is hereby authorized to make any investigation and inquiry in connection with this Application as it may deem necessary.

By signing this Application, the Applicant certifies that the information contained herein is true and accurate to the best of the Applicant's knowledge and belief and acknowledges that providing truthful and accurate information is a condition precedent to obtaining the insurance requested in this Application. The Applicant further acknowledges that any insurance, which may be issued upon receipt of this Application, will be issued based upon the Company's reliance on the information provided, and if such information is misleading or false, the Company may void the insurance issued pursuant to this Application.

It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the policy, the Applicant will notify the Company and, at the sole discretion of the Company, any outstanding quotations may be modified or withdrawn.

Applicant's Signature: _____

Date: _____