



Physicians' Reciprocal Insurers

Section 18 Excess Professional Liability Insurance New and Renewal Application

Please check one:

- New Excess Policy with PRI
 Renewal of PRI Excess Policy

Name

PRI Policy Number:

Primary Affiliated Hospital:

If you are changing Section 18 excess insurance from another carrier, please provide the name of the other carrier:

If this is a new application or if you are changing Section 18 excess insurance from another carrier, please indicate the date when you would like your coverage to begin:

I authorize release and exchange of information, involving but not limited to claim matters, between my professional society or association, previous insurance carrier, hospital or clinic and Physicians' Reciprocal Insurers.

Yes

Physicians must complete a risk management course every 2 years to maintain their excess insurance. If you have taken a course with another carrier, please submit proof of completion. If you take courses with PRI, we will check whether you are up to date with your risk management course completions. If your credit has expired or is due to expire, PRI will notify you that you need to complete a course.

NOTE: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Electronic signature - Type name below

Date of signature

By checking this box, I understand that I am signing this application electronically. I understand and agree that the electronic signature is the equivalent of my handwritten signature.

Yes