



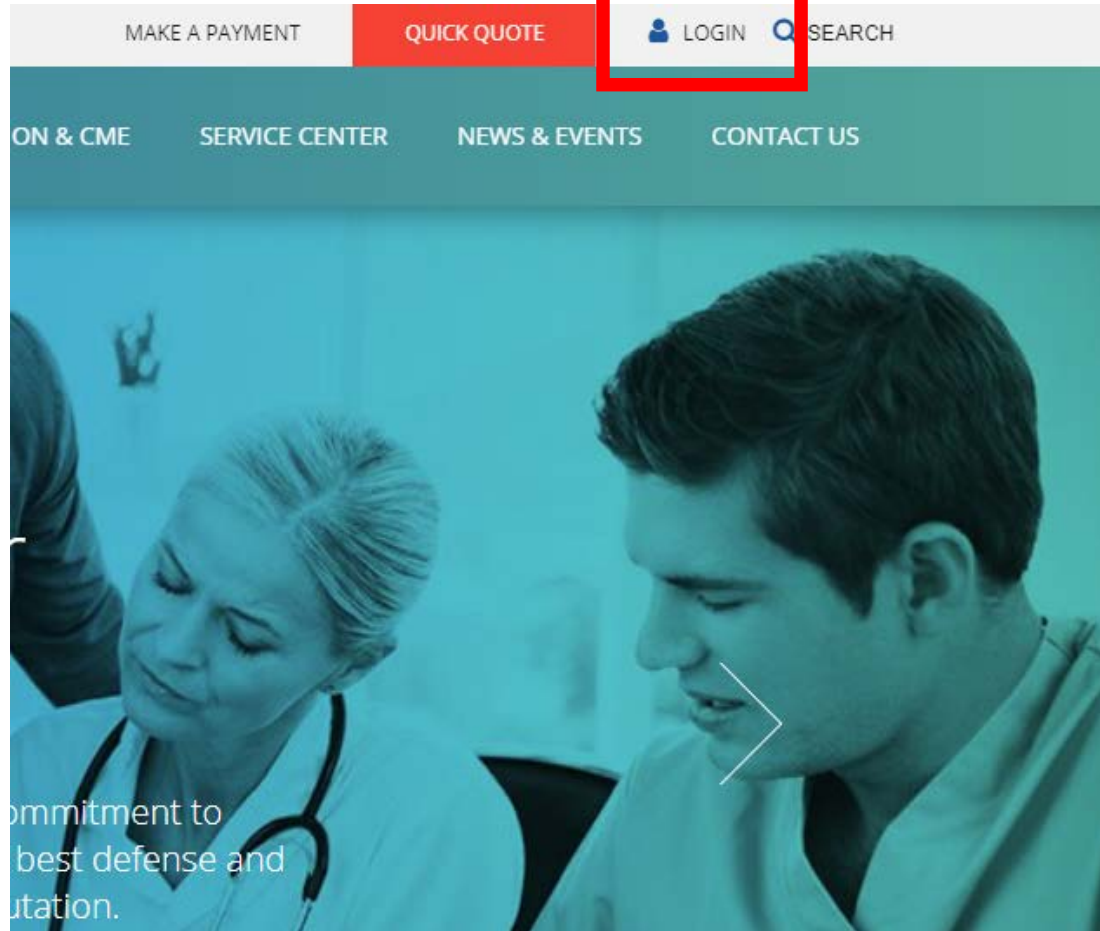
How to Apply for Section 18 Excess Coverage

New and Renewal Coverage

April 16, 2019

Click the LOGIN link in the upper right hand corner of the website.

Start at www.pri.com




Click the LOGIN button under insureds.

Insureds



Please Note: This is not the same username and password that you used for Risk Management Courses

Register or Sign in to eServices



Sign In

Type your User Name and Password.

User Name:

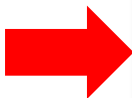
Password:

[Forgot Password?](#) [Forgot User Name?](#) [Sign In](#)

If you have already registered for eServices then simply sign in.

If you have never registered for eServices then you would need to register the first time.

Enter your primary policy number as it appears (including dashes)



New User Registration

First Name

Last Name

Email address

User name

Please create a username - usernames are case sensitive

Password

The minimum password length is 8 characters. Password must include at least one uppercase letter, at least one lowercase letter and at least one digit.

Confirm password

Security Question

Answer

*Please enter one or more policies to manage.

Policy Number	Effective Date	Last Name	Primary Office Zip Code
<input type="text" value="86281"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[Add New Policy.](#)

Refresh Input symbols

[Create Account](#) [Cancel](#)

Enter your current effective date, Last Name and Zip Code where you work which is listed on your policy.

Once registered and signed in, click on My Policies then click on Apply directly under Sec 18 Excess.

My Policies My Profile Online Risk Management Education Email Us

Judy Sung [Log Off]

Actions

- My Policies
- Address Change
- My Profile

Policy Search Results

Policy Type	Insured Name	Policy Number	Effective	Expiration	Status	Premium	Dist	CC	Sec 18 Excess
Physician	Jane A Doe, MD	123456	01/01/2019	01/01/2020	Active	\$9,063.00	0.00	Print	Apply

1 of 4

Policy Summary

Policy Number	123456	Policy Status	Active
Effective Date	01/01/2019	Expiration Date	01/01/2020
Line Of Business	Physician	Retro Date	
Insured Name	Jane A Doe, MD	Total Premium	\$9,063.00
Specialty	Emergency Medicine class PHY89C	Primary Office Address	123 Fake Street, Madeup Town, NY 12345
Company Name		Mailing Address	C/O Jane Doe 123 Fake Street Madeup Town, NY 12345
Pay Plan	Quarterly	Current Amount Due	\$0.00
Last Payment Received	(\$9,063.00)	Due Date	

Coverages **Billing Details**

Policy Coverages

Coverage	Policy Form/Limits
Coverage Type	Occurrence
Per Claim	\$1,300,000
Annual Aggregate	\$3,900,000

Fill out the form that opens up and click the Submit button

Section 18 Excess Professional Liability Insurance New and Renewal Application

Please check one:*

☐ New Excess Policy with PRI

☐ Renewal of PRI Excess Policy

Insured Name:

Jane A Doe, MD

PRI Policy Number:

123456

Primary Affiliated Hospital:

Has your primary hospital affiliation changed since your last renewal?*

☐ Yes

☐ No

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:*


Date of signature:

04/15/2019

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 manual signature.*

☐ Yes

* required field



Submit

Close

If you do not see the submit button, please lower the zoom on your browser

You will receive a confirmation message and your application will be reviewed by our Underwriting Department.

