

How to Apply for Section 18 Excess Coverage and Access Your Risk Management Course

New and Renewal Coverage

April 26, 2020





Insureds

Need Help Applying for Section 18 Excess?

Please Note: You are now able to use the same username and password to submit your Excess application and to register for a Risk Education Course.

insureds.

LOG IN 🔿

Register or Sign in to eServices

	If you have not	New User Registration
	registered for	First Name
Sign In	eServices you will need to register	Last Name
	first.	Email address
Type your User Name and Password.		User name
User Name:	· · · · · · · · · · · · · · · · · · ·	Please create a username - usernames are case sensitive
Password:		Password
Forgot Password? Forgot User Name? Sign In		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. Please do not use any passwords you commonly use.
		Confirm password
		Security Question Mother's Birthplace
		Answer
	Enter your primary	*Please enter one or more policies to manage.
If you already have an account with	appears (including	Policy Number Last Name NY License #
eServices sign in here.	dashes)	
		Add New Policy
	Check Box	I'm not a robot
		Create Account Cancel

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



This screen will appear if you are new to Excess with PRI. If you are reapplying, please skip to the next slide.

Complete the form and click on the Submit button.

Section 18 Excess Professional Liability Insurance New and Renewal Application	3	
New Excess Policy with PRI		
Insured Name: PRI Policy Number: Primary Affiliated Hospital:		Soloct your bosnital affiliation
Please choose a hospital fom the dropdown list provided.* Select •		from the drandown
If you are changing Section 18 excess insurance from another carrier, please provide the name of the other carrier:* Select		from the dropdown.
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.*		
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: 04/24/2020		
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		If you do not see the
* required field		submit button, please lower the zoom on your
Submit Close		browser

Renewal of PRI Excess Policy Complete the form and click on the Submit button.

	Renewal of PRI Excess Policy
Primary ed Hospital ault to last s hospital ection.	Insured Name: PRI Policy Number: 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 •

Please note that due to changes in some hospital names, you may receive an ERROR message. If so, please click "Yes" that your hospital has changed since last year and then select the revised hospital name from the dropdown list. Please try again, thank you.

Submit Close

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

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



In addition, you will receive an email confirmation indicating your application has been successfully submitted and will be reviewed by our Underwriting Department. If you have been informed that you need to take a **Risk Management Course** to Maintain your **5% Premium Discount** and/or your **Section 18 Excess Insurance,** proceed as follows:



Next, access your assigned course by clicking on the course listed under "MY TASKS"



Next, access your assigned course by clicking on the course listed under "MY TASKS"

