

## Request for Extern Malpractice Coverage

- Along with this completed application, send a letter from your state licensing board or college showing that you are involved in the Extern Program.
- Supervising Doctor of Chiropractic must be insured.
- Limits of liability will be \$100,000 each claim/\$300,000 aggregate.
- Premium is 10% of the undiscounted base rate for an occurrence policy. Coverage will be effective only upon receipt of your Request for Coverage, premium in full and approval by NCMIC.

GENERAL INFORMATION				
Name:				
Last	First		Middle Initial	
Mailing Address:  Street			_	
		01-1-		
City Social Security Number:		State  Male	Zip ☐∎ Female	
<u></u>		_	_	
Date of Birth:	Date of Graduation:			
Chiropractic College Attended:				
I plan to practice in the office of:				
Proposed Effective Date(Date the application is received at NCMIC or later if specified):				
Office Phone:	FAX:			
Home Phone:	Email Address:			
Your ema	ail address will never be sold. It will	l be used to sen	d you important messages.	
PRACTICE INFORMATION				
Name of Supervising Doctor:				
Practice Address: Street				
City	County	State	- Zin	
City  Malpractice Insurance Company of Supervising Do	-	State	Zip	
Practice Phone:				
FAX:				



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PLEASE READ, SIGN AND DATE				
	e of the abovementioned supervising doctor and must be earliest of the following: (1) Termination of extern program			
Signature		Date		
Agent Signature	<b>X</b>	Date		
application for insurance containing any materially false information or consurance act, which may be a crime and may subject the person to crim COLORADO: It is unlawful to knowingly provide false, incomplete, or mis imprisonment, fines, denial of insurance, and civil damages. Any insurar claimant for the purpose of defrauding or attempting to defraud the policy within the Department of Regulatory Agencies.  DISTRICT OF COLUMBIA: It is a crime to provide false or misleading in insurer may deny insurance benefits if false information materially relater FLORIDA: Any person who knowingly and with intent to injure, defraud of the third degree.  LOUISIANA and WEST VIRGINIA: Any persons who knowingly presents crime and may be subject to fines and confinement in prison.  MAINE, TENNESSEE, VIRGINIA and WASHINGTON: It is a crime to kninclude imprisonment, fines or a denial of insurance benefits. MARYLAND: Any person who knowingly and willfully presents a false or crime and may be subject to fines and confinement in prison.  REW JERSEY: Any person who knowingly and willfully presents a false or crime and may be subject to fines and confinement in prison.  REW JERSEY: Any person who knowingly and willfully presential thereto, of the claim for each such violation (11 NYCRR 86.4(a)) (parallel citation of the claim for each such violation (11 NYCRR 86.4(a)) (parallel citation of the claim for each such violation (11 NYCRR 86.4(a)) (parallel citation of the claim for each such violation (11 NYCRR 86.4(a)) (parallel citation of the claim for each such violation (11 NYCRR 86.4(a)) (parallel citation of the claim for each such violation (11 NYCRR 86.4(a)) (parallel citation of the claim for each such violation (11 NYCRR 86.4(a)) (parallel citation of the claim for each such violation (11 NYCRR 86.4(a)) (parallel citation of the claim for each such violation (11 NYCRR 86.4(a)) (parallel citation of the claim for each such violation (11 NYCRR 86.4(a)) (parallel citation of the claim for each such violation (11 NYCRR 86.4(a)) (para	sleading facts or information to an insurance company for the purpose of defrau once company or agent of an insurance company who knowingly provides false, i rholder or claimant with regard to a settlement or award payable from insurance formation to an insurer for the purpose of defrauding the insurer or any other pe to a claim was provided by the applicant. or deceive any insurer files a statement of claim or an application containing any is a false or fraudulent claim for payment of a loss or benefit or knowingly preser nowingly provide false, incomplete or misleading information to an insurance cor raudulent claim for payment of a loss or benefit or who knowingly and willfully ation on an application for an insurance policy is subject to criminal and civil per insurance company or other person files an application for insurance or stateme commits a fraudulent insurance act, which is a crime, and shall also be subject:	thereto or knowingly helps with intent to defraud, commits a fraudulent ding or attempting to defraud the company. Penalties may include noomplete, or misleading facts or information to a policyholder or proceeds shall be reported to the Colorado Division of Insurance erron. Penalties include imprisonment and/or fines. In addition, an a false, incomplete or misleading information is guilty of a felony of the false information in an application for insurance is guilty of a mapany for the purpose of defrauding the company. Penalties may presents false information in an application for insurance is guilty of a malties.  In of claim containing any materially false information, or conceals for the to a civil penalty not to exceed five thousand dollars and the stated value		
RETURN THIS FORM				
Mail this form to: NCMIC Insurance Company P.O. Box 9118	Or fax it to: 1-800-996-2642	Questions? Call toll free 1-800-247-8043		

Des Moines, IA 50306