PSIC | Professional Solutions INSURANCE COMPANY

Request for Dental Policy Limit Change

A. GENERAL INFORMATION

Name _____
First Middle Last

Policy Number: _____

Address: _____
Street City State Zip County

Office Phone:_____ Office Fax:_____

Home Phone:_____ Email Address: _____
Your email address will never be sold. It will be used to send you important messages.

B. POLICY LIMIT CHANGE INFORMATION

1. Please increase/decrease the limits of liability on my policy to:
(Note: Limits of Coverage are per incident/aggregate per policy)

❑ $2 million/$4 million ❑ $1.1 million/$3 million ❑ $500,000/$1 million
❑ $250,000/$750,000 ❑ $200,000/$600,000 ❑ $100,000/$300,000

Colorado – ONLY limits available: ❑ $2 million/$4 million ❑ $1.1 million/$3 million

Indiana – Additional limits available: ❑ $400,000/$1.2 million

New York – ONLY limits available: ❑ $2 million/$6 million ❑ $1.3 million/$3.9 million ❑ $1.1 million/$3 million
❑ $1 million/$1.1 million ❑ $500,000/$1.5 million ❑ $500,000/$1 million
❑ $200,000/$600,000 ❑ $100,000/$300,000

Virginia – Additional limits available: ❑ $2.5 million/$7.5 million ❑ $2.25 million/$6.75 million
❑ $2.05 million/$6.15 million ❑ $2 million/$6 million

2. Please specify reason for change request: _____
A copy of the contract may be required if this change is due to contractual obligations.

3. Please check all that apply:

❑ I hereby authorize PSIC to change the limit of liability as indicated above. I understand that if I fax or email my request for a limit change to PSIC, the earliest date this change will become effective is the day following receipt, if approved. All other changes will be made effective the same day of receipt if approved, unless I request otherwise.

❑ If the limit change request indicated above is for a reduction in limits, I fully understand that this policy is a claims made policy, which means that regardless of when the act or omission occurred, the limits that will apply are the limits in effect at the time the claim is made and reported PSIC. (This is only applicable if your policy is a claims made policy and does not apply to occurrence policies.)

❑ I have no knowledge of any claims, incidents or potential acts or omissions which may have occurred that have not yet been reported to any insurance carrier.

❑ I attest that these statements are true and accurate.

C. SIGNATURE REQUIRED

DO NOT CANCEL YOUR CURRENT INSURANCE POLICY UNTIL A BINDER OR POLICY HAS BEEN RECEIVED AND IS IN EFFECT FROM PROFESSIONAL SOLUTIONS INSURANCE COMPANY.

By signing this application, I certify and attest that the statements, information, and answers provided herein are true and accurate. I understand that Professional Solutions Insurance Company (PSIC) shall rely upon the statements, information, and answers provided on this application to determine whether to accept this application for insurance and, if the application is accepted, to determine at what rate to insure.

I understand that the insurance for which I have applied is not in effect unless and until this application is accepted by PSIC and I am notified by the company of said acceptance.

I further acknowledge that, as a condition precedent to my acceptance, a detailed inquiry and investigation of my professional background, competence and qualifications may be conducted by PSIC.

In consideration of the foregoing, I hereby expressly consent to any such inquiry and investigation through the use of any means legally available to PSIC, and I expressly release and discharge the company from any and all liability that might otherwise be incurred as a result of acts performed in connection with any inquiry or investigation as well as in the evaluation of information so received from whatever source.

I further expressly authorize all individuals and entities to whom legal inquiry is made by PSIC to provide the company with all information and/or documentation within their possession or under their control that pertains to my professional background, competence and qualifications, and I hereby release the providers of such information or documentation from all legal liabilities that might otherwise be incurred in connection herewith.

I agree to notify PSIC of any changes in my practice of dentistry within thirty (30) days of its occurrence, including but not limited to:

- Any changes in the professional services provided by me or someone for whom I am legally responsible;
- Any changes in my profession as described in any declarations issued as a result of this application;
- Any change in the location of my practice;
- Any investigation, restriction, suspension or surrender of a state dental license, DEA license or any hospital privileges;
- Any mental or physical condition that materially impairs my ability to practice dentisty, including treatment for alcohol or substance abuse;
- Any conviction, plea or agreement related to charges of a misdemeanor or a felony (other than a minor traffic offense).

Important Reminder: If the coverage for which you are applying is written on a CLAIMS MADE basis, only claims first made against you and reported to PSIC during the policy period are covered, subject to policy provisions. If you have any questions, please discuss them with your agent.

For residents of all states except Colorado, Maryland, New York, New Jersey, Oregon, Pennsylvania, Tennessee, Virginia and Washington: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto or knowingly helps with intent to defraud, commits a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Colorado residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Maryland residents: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New York residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially 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. (11 NYCRR 86.4(a)) {parallel citation Regulation 95}

New Jersey residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Oregon residents: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto or knowingly helps with intent to defraud, may be subject to prosecution for insurance fraud.

Pennsylvania residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially 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 subjects such person to criminal and civil penalties.

Tennessee, Virginia and Washington residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Malpractice insurance is underwritten by Professional Solutions Insurance Company.

Signature of Applicant	Date
Signature of Soliciting Agent (Please Print Full Name)	Agency Name

PSIC | Professional Solutions INSURANCE COMPANY

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Questions:
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