PSIC | RPG Association

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)

Florida Limits:
- ❑ $200,000/$600,000
- ❑ $250,000/$750,000
- ❑ $500,000/$1 million
- ❑ $1.1 million/$3 million
- ❑ $2 million/$4 million

Connecticut Limits:
- ❑ $500,000/$1.5 million
- ❑ $1.1 million/$3 million
- ❑ $2 million/$4 million

Nevada Limits:
- ❑ $100,000/$300,000
- ❑ $200,000/$600,000
- ❑ $250,000/$750,000
- ❑ $500,000/$1 million
- ❑ $1.1 million/$3 million
- ❑ $2 million/$4 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 NCMIC Insurance Company to change the limit of liability as indicated above. I understand that if I fax or email my request for a limit change, 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. (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.

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C. SIGNATURE REQUIRED

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

By signing this application, I certify and attest that the statements, information, and answers provided herein are true and accurate. I understand that NCMIC Insurance Company (NCMIC) 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 NCMIC 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 NCMIC.

In consideration of the foregoing, I hereby expressly consent to any such inquiry and investigation through the use of any means legally available to NCMIC, 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 NCMIC 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 NCMIC 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 dentistry, 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 NCMIC during the policy period are covered, subject to policy provisions. If you have any questions, please discuss them with your agent.

Connecticut and Nevada 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, commits a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Florida Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Dental malpractice insurance is offered through PSIC RPG Association. Coverage is underwritten by NCMIC Insurance Company.

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

Mail to:
14001 University Avenue
Clive, Iowa 50325-8258

Questions:
Phone: 800-864-8026
Fax: 800-600-8170

Email: dentalsubmissions@ncmic.com

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