



Application for Medical Professional Liability Insurance Limited (Part-time) Medical Practice Application

Name: _____ Policy #: _____
Please Print

Group Name (if applicable): _____

1. Qualifications for Limited Practice are based on the number of hours PER-QUARTER of practicing medicine, including record-keeping.

a. Please mark the category that applies to the practice that **MICA is insuring****:

i. 1 hour to 120 hours per quarter for 75% Limited Practice: Yes No
(Does not apply to **SURGICAL SPECIALTIES** continuing to do major surgery.)

ii. 121 hours to 240 hours per quarter for 50% Limited Practice: Yes No
(Applies to all specialties.)

(Over 240 hours per quarter is a full-time practice.)

** If you provide medically related services that are **not** insured by MICA, please provide the name of the practice/group below:

2. If this is a **new** request for Limited Practice, what is the desired effective date of this change? _____

(If not a new request, mark N/A) N/A

SIGNATURE

DATE