



e-Med Protection Application for Higher Limits

Applicant Name: _____ Policy #: _____
PLEASE PRINT

An increase in limits of liability can occur not less than 30 days from the receipt of this request and is subject to underwriting review and approval. When this e-Med Protection Application for Higher Limits is submitted with your renewal census, the request may not be approved until renewal.

I hereby apply for higher limits in the following amount:

Healthcare Professional

MedeDefense Coverage	Premium
<input type="checkbox"/> \$50,000/\$50,000	\$498
<input type="checkbox"/> \$100,000/\$100,000	\$1,011

Entity

MedeDefense Coverage	Premium
<input type="checkbox"/> \$50,000/\$50,000	\$774
<input type="checkbox"/> \$100,000/\$100,000	\$1,298

Are you aware, as of the date of this e-Med Protection application, of any circumstances, events or incidents which might give rise to any claims under the insurance?

- No
- Yes; please explain (attach a separate sheet if needed): _____

I understand that higher limits are not applicable to claims which arise out of or are related to any matter which predates this certification or is pending at this time or to any matter which arises out of circumstances of which I am aware and which might give rise to any claim, even if the claim is otherwise covered.

Further, I understand that I have no coverage until the premium for the insurance is paid, and the insurance is bound and issued.

I hereby certify that I have read the above application and that all statements made in this application are true and complete. I understand that: (1) if higher limits are issued, this is done by MICA in reliance upon these representations; and (2) all statements and descriptions in this application for this endorsement or in negotiations therefor, shall be deemed to be representations and not warranties. Misrepresentations, omissions, concealment of facts and incorrect statements shall not prevent a recovery under this endorsement if issued, unless they

are fraudulent, material either to the acceptance of risk, or to the hazard assumed by the company, and if the company in good faith would either not have issued the endorsement, or would not have issued an endorsement in as large an amount, or would have not provided coverage with respect to hazards resulting in the loss, if the true facts had been made known to the company as required by the application for the endorsement or otherwise.

I certify that all statements in this application are true and complete.

SIGNATURE OF APPLICANT (Individual Applicant or Authorized Entity Representative)

DATE

IF ADDITIONAL SPACE IS NEEDED, PLEASE USE YOUR LETTERHEAD.

If you have any question about any part of this application, a Customer Service Representative is available to assist you at 602.808.2111 or 1.800.352.0402.