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Pathology Supplement to Application for Medical Professional Liability Insurance

AZ CO NV UT

Pathology (80266)

List all facilities at which you practice

Name _____ Title _____

Street Address _____ Phone # _____

City | State _____ Zip # _____

Name _____ Title _____

Street Address _____ Phone # _____

City | State _____ Zip # _____

Name _____ Title _____

Street Address _____ Phone # _____

City | State _____ Zip # _____

Do you supervise any laboratory technicians? Yes No

If "Yes", specify number of technicians; facility; and name of carrier providing Medical Professional Liability Coverage for the technicians.

Number	Name of Facility	Insurance Carrier
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you solely own or have interest in any pathology lab? Yes No

If "Yes", indicate name of each facility and carrier providing Medical Professional Liability Coverage for each laboratory.

	Name of Facility	Insurance Carrier
<input type="checkbox"/> Sole Ownership <input type="checkbox"/> Ownership Interest	_____	_____
<input type="checkbox"/> Sole Ownership <input type="checkbox"/> Ownership Interest	_____	_____
<input type="checkbox"/> Sole Ownership <input type="checkbox"/> Ownership Interest	_____	_____

Please be certain that all requested information has been provided. Coverage cannot be considered at any facility if it has not been reported to MICA.

REMINDER: Liability based on contract is excluded under MICA Policy Section XI. EXCLUSIONS, (k). We encourage you to have any contracts reviewed by your personal attorney for your protection.

SIGNATURE OF APPLICANT

DATE

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

NAME