



## Checklist for Facility Submission

### Medical Facility Application

- Application for Medical Professional Liability Reporting Policy - Please answer each question in the application that is applicable to your specific facility type.
- Facility Roster - List all healthcare professionals who use this facility
- Application for Prior Acts Coverage, if applying for prior acts coverage
- e-Med Protection Application for Higher Limits, if applying for higher e-Med Protection limits
- Payment Plan Selection/Electronic Funds Transfer
- Provide a copy of your current declarations page or a certificate of insurance as evidence of your current coverage.

### Additional Insured Applications

- MICA additional insured application for healthcare provider (PA, NP, etc.)
- Certificate of Insurance: if the healthcare provider (PA, NP, etc.) has his or her own insurance

### Claims History: Claims, Suits, Incidents, or Occurrences

- Provide a detailed narrative for every claim or incident for the past 10 years, including: patient name, age, sex, and treatment dates; type and nature of allegation; and carrier name with disposition or current status.

***Additional information may be required by the underwriter.***

To review a specimen policy form, please visit <https://www.mica-insurance.com/WhyChooseMICA/ApplyForCoverage>, or call a Customer Service Representative at 602.808.2111 or 877.215.MICA. If you would like to review the e-Med Protection policy endorsement, please call a Customer Service Representative to determine which endorsement applies to your practice.

Your responses may contain sensitive information. Please mail or fax your application submission to MICA. MICA Underwriting, 2602 E. Thomas Rd., Phoenix, AZ 85016 or 602.627.7033 (fax).

**If you have any questions or need help filling out the applications,  
please contact us at 602.808.2111.**