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Latham, NY 12110  
(518) 786-2700

2 Clinton Square  
Syracuse, NY 13202  
(315) 428-1188

90 Merrick Avenue  
East Meadow, NY 11554  
(516) 794-7200

### Application for Legal Defense Costs Coverage

(Coverage for Administrative Actions & Medicare/Medicaid Fraud and/or Abuse)

No legal defense cost coverage will be provided if you do not return this form to MLMIC

#### Section I - General Information

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

License Number: \_\_\_\_\_

MLMIC Policy Number (if any): \_\_\_\_\_

Limits Requested (check one):

I do not want to purchase this coverage.

I wish to purchase \$25,000 maximum limit per policy period per insured person for an annual premium of \$300.

I wish to purchase \$100,000 maximum limit per policy period per insured person for an annual premium of \$800.

If you are on a multi-risk policy, all insureds on the same policy MUST have the same limit or reject the coverage. Defense cost coverage is not available to professional entities.

#### Section II - Statement of Facts Declared by the Applicant

I, \_\_\_\_\_ represent the following to MLMIC Insurance Company (MLMIC): Use a separate sheet.

1. I have not had any administrative action by a governmental body organized for the purpose of maintaining standards of conduct and competence such as the Office of Professional Medical Conduct (OPMC) brought against me at any time except as follows: (provide a description of each administrative action, dates for each administrative action, dollar value for each administrative action, and final resolution of each administrative action including "closed with no payment"). If none state "None." Use additional sheet of paper if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. I have not had any Governmental Proceeding alleging a violation by me of Medicare or Medicaid guidelines arising out of the presentation of a Medicare or Medicaid Claim to a governmental health benefit payor or program for medical services or to items providing or prescribed brought against me at any time except as follows: (provide a description of each Governmental Proceeding, dates for each Governmental Proceeding, dollar value for each Governmental Proceeding, and final resolution of each Governmental Proceeding including "closed with no payment"). If none state "None." Use additional sheet of paper if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME \_\_\_\_\_ DATE \_\_\_\_\_

3. I am not aware of any threatened or pending complaint, investigation, or any other action or activity associated with such administrative action or Governmental Proceeding except as follows: (provide details or state "None")

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4. I am not aware of any event, circumstance, incident, or fact inclusive of any request for records or threat thereof, which may lead to an administrative action or Governmental Proceeding against me except as follows: (provide details or state "None")

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5. I understand and agree that should a claim or investigation arise from a fact or circumstance of which I had prior knowledge, or reasonably should have had prior knowledge, coverage will not apply to such claim or investigation.

I make these statements with full knowledge that MLMIC Insurance Company relies on this representation in its decision to provide defense costs coverage for which I am applying. Furthermore, I understand this Application does not confer any obligation on the part of MLMIC to write this coverage at the \$25,000 or \$100,000 limit.

**New York State Insurance Department Regulation #95 Declares That:**

"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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

\_\_\_\_\_  
Personal Signature of Applicant

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date Signed (MM/DD/YY)