



8 British American Blvd.
Latham, NY 12110
Tel: 518-786-2731
Fax: 518-786-2707
Email: Excess@mlmic.com

Application for Excess Professional Liability Insurance

To secure this coverage under Section 18:

- Your primary insurance must be with MLMIC with limits of \$1.3 million / 3.9 Million
- You must have an active affiliation with a New York State general hospital, where you render emergency medical services from time to time.
- You must have completed a NYS approved risk management course within the last two years.

A direct pay option may be available, if the requirements of Section 18 are not met.

1. Name of Applicant: _____
2. MLMIC Reference Number/Primary Policy Number: _____
3. Desired Excess Coverage Effective Date: _____
4. Primary Hospital Affiliation: _____
5. Name of Previous Section 18 Excess Insurance Carrier and Dates of Coverage: _____

6. Risk management course completed: Yes, Date completed: _____
 No, Date scheduled to complete: _____

Completion of this form does not bind coverage.

Authorization Statement:

I hereby grant authority to the hospital listed on this application to terminate, on my behalf, the excess liability insurance policy to be written from this application. In the event this excess professional liability insurance is terminated for any reason, I hereby assign all refunds of premium to the payor of such premium.

New York State Insurance Regulation 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)