

MIEC DataGuard Request for Higher Limits Increased Limits Program Application

Request for Higher Limits - Complete for groups of over 50 physicians

Section One – Applicant Information

1. Name of Applicant: _____
(as it should appear on the policy)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Web Site: _____ No. of years in business: _____

Number of Full Time Equivalent Physicians to be covered under policy: _____

MIEC policy #: _____

2. Are you HIPAA compliant? Yes No
3. Does your company employ firewall protection? Yes No
4. If you store personal information on portable devices, is such data encrypted to industry standards? Yes No
5. Does your company use anti-virus software on all desktops / portable devices and mission critical servers, and is it updated in accordance with the software provider's recommendations. Yes No
6. Does your company have a formal process to disable or restrict access to information systems upon termination of employees? Yes No
7. In the last five (5) years, have you experienced any claims or are you aware of any circumstances that may give rise to a claim that would have been covered by this policy Yes No

Every effort will be made to either confirm or deny coverage within five working days.

Requested effective date (no backdating): _____

Section Two – Notice to the Applicant

- A. The Applicant represents to the best of its knowledge and belief that the statements set forth herein are true and complete.
- B. It is agreed this application shall be the basis of insurance.

Section Two – Notice to the Applicant cont.

- C. The Applicant further represents that if the information supplied on this application changes between the date of the application and the inception date of the policy period, the applicant will immediately notify the underwriter of such a change, and the underwriter may modify or deny coverage.

AGREE. By checking the box to the left and the submission of this application to MIEC via E-mail or other electronic means, you acknowledge your agreement and acceptance of the preceding statements and commitment to the terms of the application as fully and with the same effect as if you had signed your signature with the intention to be legally bound as of the date this application is submitted to MIEC. ¹

¹This complies with Electronic Signature Laws.

Date: _____

You can either printout and mail or save to your desktop and email this form. Mail: Underwriting c/o MIEC, 6250 Claremont Ave, Oakland, CA 94618 or Email: underwriting@miec.com.

Not currently available for health care facilities.