

Application for Defense Coverage for Miscellaneous Business Liability Optional Part IV coverage

1. Name of Applicant PLEASE PRINT _____
MIEC Policy Number _____
2. Applicant is ___ Individual or Solo Corporation ___ Corporation ___ Partnership
___ Other (DESCRIBE) _____
3. List names of all physicians to be covered under Part IV (Legal Defense Coverage for
Miscellaneous Business Liability) _____

4. Number of full-time equivalent non-physician employees of applicant as described in
Question 1 _____
5. Have you ever been named as a defendant in a lawsuit for which defense reimbursement
might apply under this coverage? _____

Warranty: No action is currently pending, and I (we) know of no investigation, incident or notification, oral or written threat of legal action, subpoena, summons and complaint or any other indication that leads me (us) to believe a claim, action or suit will be lodged against me (us) arising from any activity which is the subject of the legal defense coverage for which I am (we are) applying.

Exceptions:

___ NONE _____ Please initial and date

___ Yes _____ (PLEASE DESCRIBE FULLY ON YOUR LETTERHEAD)

Signature of applicant _____ Date _____

Title of signer (if applicant is other than an individual)

Telephone _____

Fax _____

TO APPLY for optional Legal Defense Coverage for Miscellaneous Business Liability provided under Part IV of MIEC's professional liability policy, please complete and sign this application and mail it to MIEC, 6250 Claremont Avenue, Oakland, CA 94618.

IMPORTANT: This application does not bind MIEC to provide coverage under Part IV. If MIEC approves this application, you will be notified, and coverage will begin in approximately 90 days, as confirmed by MIEC.