

## MIEC DataGuard Request for Higher Limits Increased Limits Program Application

**Request for Higher Limits - For groups of 1-50 docs**

- I. Name of Applicant: \_\_\_\_\_  
 (as it should appear on the endorsement)
- 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: \_\_\_\_\_  
 (Please attach a list of current physician members and employees.)

- II. **The applicant agrees, after inquiry, that within the last five years, no person or entity proposed for Insurance has been the subject of, or involved in, any litigation administrative proceeding, demand letter, formal or informal governmental investigation or inquiry of any type which might be covered by this Insurance, nor is any person or entity proposed for this Insurance aware of any wrongful acts, facts, incidents, or any circumstances which may result in claims.**
- III. The applicant represents to the best of its knowledge and belief that the statements set forth herein are true and complete.
- IV. The applicant agrees that after receipt of the completed application form, underwriters have two working days to either confirm or deny coverage. It is also agreed this application shall be the basis of insurance.
- V. 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.

Requested effective date (no backdating): \_\_\_\_\_

**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. <sup>1</sup>

<sup>1</sup>This 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](mailto:underwriting@miec.com).**