



# CORPORATE ENTITY RENEWAL APPLICATION

Please answer all questions. If your answer to any question is: "NONE" or "NOT APPLICABLE," please state N/A.

## Section A — ENTITY INFORMATION

Corporate Entity: \_\_\_\_\_ Policy Number: \_\_\_\_\_

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

Renewal Effective Date: \_\_\_\_\_ to \_\_\_\_\_

## Section B — GENERAL INFORMATION

If you are the owner or majority shareholder of the professional medical legal entity, how do you want the entity to be covered?

**Sole Practitioner Shared Limits:** (no other MD, DO, or Mid Level Ancillary providers employed.)

**Separate Limits:** Please list each owner and indicate the percent of ownership for each:

OWNER	% OF OWNERSHIP
_____	_____
_____	_____
_____	_____

**Multiple Corporations:** Please list each entity and all owners, indicating the percent of ownership for each:

Primary Entity: \_\_\_\_\_

OWNER	% OF OWNERSHIP
_____	_____
_____	_____
_____	_____

Additional Entity Name: \_\_\_\_\_

OWNER	% OF OWNERSHIP
_____	_____
_____	_____
_____	_____

President of the Corporation: \_\_\_\_\_ Business MGR/Administrator: \_\_\_\_\_

In what state(s) is your entity incorporated? \_\_\_\_\_

Does the corporate entity participate in any State Compensation Fund?  Yes  No

If yes, what state? \_\_\_\_\_

In the past year, have any claims or suits been brought against the entity?  Yes  No

Do you have knowledge of any claims that might be made against the entity, or activities that might give rise to a claim?  Yes  No

In the past year, has any claim or suit for alleged sexual misconduct been brought against the entity?  Yes  No

**Section C — PLEASE READ, SIGN AND DATE**

I hereby acknowledge that information concerning any of the events described above is material to the provision of insurance under the policy on the basis and for the premium stated in the Coverage Summary of the policy.

Failure to notify the Company of any changes could require retroactive upward premium adjustment and, in the event of a claim, could lead to denial of liability.

**GENERAL FRAUD WARNING** - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud.

I hereby declare and represent that the foregoing statements and particulars are, to the best of my knowledge and recollection, complete and that I have not willfully concealed or misrepresented any material fact of circumstance concerning this insurance of the subject thereof.

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Signature – Authorized Representative Date