



NORCAL MUTUAL®

APPLICATION FOR MEDICAL PROFESSIONAL LIABILITY INSURANCE

HIGHER LIMITS OF COVERAGE FOR INFORMATION AND NETWORK SECURITY

This application is for claims-made coverage. It is subject to review and acceptance by The Company and does not bind coverage. Additional information may be requested by The Company.

Agency Name:

Agency Location:

Producer Name and License Number:

Requesting Addition to a Current NORCAL Mutual Policy

Name of Entity/Organization or Physician:

Policy Number (if current insured):

APPLICATION CHECKLIST

Please complete the entire application, sign, and date. Indicate not applicable (n/a) where appropriate.

Answer all questions fully and completely.

575 Market Street, Suite 1000 | San Francisco, CA 94105
p: 844.4NORCAL | f: 877.686.0558 | submissions@norcal-group.com | norcal-group.com

SECTION I: GENERAL INFORMATION

Requested Effective Date:

Website Home Page:

Identify the requested limit of coverage for which the Physician/Entity/Organization is applying:

Note: *Medical Professional Liability Insurance must be provided by NORCAL Mutual before other coverage is available.*

- | | |
|--|--|
| <input type="checkbox"/> \$1,000,000 per Claim/\$1,000,000 Aggregate | <input type="checkbox"/> \$6,000,000 per Claim/\$6,000,000 Aggregate |
| <input type="checkbox"/> \$2,000,000 per Claim/\$2,000,000 Aggregate | <input type="checkbox"/> \$7,000,000 per Claim/\$7,000,000 Aggregate |
| <input type="checkbox"/> \$3,000,000 per Claim/\$3,000,000 Aggregate | <input type="checkbox"/> \$8,000,000 per Claim/\$8,000,000 Aggregate |
| <input type="checkbox"/> \$4,000,000 per Claim/\$4,000,000 Aggregate | <input type="checkbox"/> \$9,000,000 per Claim/\$9,000,000 Aggregate |
| <input type="checkbox"/> \$5,000,000 per Claim/\$5,000,000 Aggregate | <input type="checkbox"/> \$10,000,000 per Claim/\$10,000,000 Aggregate |

SECTION II: SECURITY AND PRIVACY

- | | | |
|---|-----|----|
| 1. Is all sensitive information or PII (Personally Identifiable Information) stored on laptops and portable media devices encrypted? | Yes | No |
| 2. Do you have access control procedures and hard drive encryption to prevent unauthorized access on your databases, servers, and data files? | Yes | No |
| 3. Do you have a business continuity plan and data backup or recovery procedures in force to avoid business interruption due to system failure for all mission critical systems? | Yes | No |
| 4. Are you up-to-date and compliant with relevant regulatory and industry frameworks (e.g., Health Insurance Portability & Accountability Act, Payment Card Industry (PCI) Data Security Standard)? | Yes | No |

If you responded “no” to any of the questions above, please provide details in the remarks section below.

SECTION III: CLAIMS AND EXPIRING INFORMATION

DURING THE LAST THREE YEARS, HAVE YOU:

- | | | |
|---|-----|----|
| a) Sustained any unscheduled network outages, intrusion, corruption, or loss of data? | Yes | No |
| b) Received notice or become aware of any privacy violations or been subject to any disciplinary, regulatory actions, sanctions, or penalties? | Yes | No |
| c) Been involved in a lawsuit, claim, or settled any allegations of a suit? | Yes | No |
| d) Become aware of any circumstance or incident that could be reasonably anticipated to give rise to a claim against the type of insurance being requested in this application? | Yes | No |

If yes, please provide details in the remarks section below.

REMARKS SECTION

Please provide any additional information/explanations for your application below.

AGREEMENTS & NOTICES

I understand that any claims whose circumstances were known before the effective date of coverage are specifically excluded from coverage under any policy of insurance that may be issued by NORCAL Mutual (The Company).

I understand that the NORCAL Mutual policy requires any disputes arising from it to be submitted to binding arbitration unless specifically prohibited by applicable law.

I understand that, as a condition precedent to approval for coverage, The Company may perform a detailed inquiry and investigation of the applicant's background, competence, and qualifications. I hereby expressly consent to any such inquiry and investigation through the use of any means legally available to The Company and its duly authorized agents and representatives. I further expressly authorize all individuals and entities to whom such legal inquiry is made by The Company and its duly authorized agents and representatives to provide the same with all information within their possession or under their control that pertains to the applicant's background, competence, and qualifications. I expressly release and discharge the aforesaid entities and individuals and their agents and representatives from any and all liability that might otherwise be incurred as a result of acts performed in connection with any inquiry or investigation, as well as in the evaluation of information so received from whatever source.

All information requested in this application is considered important. I understand that any material misrepresentation in this application that The Company relies on to its detriment could void coverage. I understand that this application and any supplemental information supplied by me or on my behalf is incorporated into and made a part of any policy of insurance that may be issued to me by The Company. I understand that I must notify The Company immediately, in writing, if there are any changes from what I have previously described in any information supplied by me or on my behalf and that The Company may withdraw or modify any outstanding quotations or authorization or agreement to bind insurance.

I understand that this application is subject to acceptance by The Company and does not bind coverage.

By completing and submitting this application to NORCAL Mutual Insurance Company, I am representing that as of the date of my signature below, the foregoing statements contained in this application and any supplemental information are accurate and true, and I have not intentionally withheld information that could influence the judgment of The Company in considering this application for insurance.

Applicant Signature:

Date (mm/dd/yyyy):

Printed Name:

Title:

This application is not valid without your complete signature.

AGREEMENTS & NOTICES - CONTINUED

Alaska Applicants: A person who, knowingly and with intent to injure, defraud, or deceive an insurance company, files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Colorado Applicants: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia Applicants: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Florida Applicants: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Kentucky Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Louisiana Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

New Jersey Applicants:

Fraud Warning: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Pollution Exclusion: The policy for which you are applying contains an absolute pollution exclusion that excludes coverage for any claims and other events arising out of any pollution incident.

New Mexico Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York Applicants: 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.

Ohio Applicants: Any person who, with intent to defraud or knowing that he is facilitating fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

AGREEMENTS & NOTICES - CONTINUED

Oklahoma Applicants: **WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In addition, if an insured or applicant misstates, misrepresents, omits or conceals information, and we rely on such misstatement, misrepresentation, omission or concealment and it is proven to be material to the policy or fraudulent, we may take action, including denying coverage for a claim or other covered event or rescinding, canceling, or non-renewing the policy or coverage.

Pennsylvania Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 subjects such person to criminal and civil penalties.

Rhode Island Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Virginia Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

West Virginia Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.