

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA  
NEUROLOGISTS PROFESSIONAL LIABILITY INSURANCE

Full Name: \_\_\_\_\_ Customer ID Number: \_\_\_\_\_

NEW YORK HEALTH CARE PRACTITIONERS ONLY

- 1. Please list every insurer which previously provided you coverage on a claims-made basis and provide coverage dates. Indicate if and how any classification (e.g., neurology) or territory (county) has been modified since inception of such claims-made coverage. Attach additional pages as necessary.

\_\_\_\_\_  
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*Note: Please review carefully the Declarations section of the Application, regarding your authorization to the National Union Fire Insurance Company of Pittsburgh, Pa. or its representative to obtain from insurers identified above any information concerning the classification or territory applicable to such policies.*

- 2. Did you have professional liability insurance issued by Group Council Mutual Insurance Company at any time from July 1, 1985 to July 1, 1997? **If you answer yes**, New York state law requires that The Neurologists' Program collect a surcharge from you on behalf of Group Council Mutual Insurance Company. You will receive an invoice for the amount of the surcharge within 30 days of The Neurologists' Program coverage inception or renewal.  Yes  No

DECLARATIONS

The undersigned declares that the statements set forth herein are true. The undersigned agrees that if the information supplied on this application changes between the date of this application and the effective date of the insurance, he/she (undersigned) will immediately notify the company of such changes, and the company may withdraw or modify any outstanding quotations, authorization or agreement to bind the insurance.

Signing of this application does not bind the applicant or the company to complete the insurance, but it is agreed that this application shall be the basis of the contract should a policy be issued, and it will be attached to and become a part of the policy.

All written statements and materials furnished to the company in conjunction with the application are hereby incorporated by reference into the application and made a part hereof.

**NOTICE TO 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

SUPPLEMENTAL APPLICATION

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.

\_\_\_\_\_  
Physician's Personal Signature

\_\_\_\_\_  
Date

*The Neurologists' Program Administered By:*  
PRMS  
1515 Wilson Boulevard, Suite 800  
Arlington, VA 22209