

CAQH Signature Form

Insurance Coverage Information:

Limits of Liability Requested (check one)

- \$1,000,000/\$3,000,000 \$3,000,000/\$5,000,000 \$5,000,000/\$7,000,000
 \$2,000,000/\$4,000,000 \$4,000,000/\$6,000,000

Policy Type Requested (check one): Claims Made-Policy
Tail Coverage is not included "Occurrence Type" Modified Claims-Made Policy
Tail Coverage is included

Do you want to waive your Consent to Settle provision for a 1% discount on your medical professional liability premium? Yes No

Is Prior Acts coverage requested? Yes No

(If Yes, please attach a copy of your current policy's Declaration Page and complete the Supplemental Prior Acts Application)

Request Effective Date: _____ Request Retroactive Date: _____

Signature:

I understand that no coverage will be bound until after *Conventus* Inter-Insurance Exchange has reviewed the completed application and expressed its intention to provide coverage. Acceptance of payment is not an expression of *Conventus'* intent to provide coverage. If coverage is declined by *Conventus*, any advance payment will be promptly returned.

I understand that, if granted prior acts coverage by *Conventus*, no insurance will be provided for any claim (or incident that the insured has reason to believe might result in a claim) known to the insured at the effective date that has, or has not, been reported to another insurance carrier prior to the effective date. The information provided in this application is true, complete and accurate to the best of my knowledge.

I know of no other relevant facts that might affect the underwriter's judgment when considering this application or that might be material to the underwriter's risk. I understand that the information contained in this application along with any related information submitted in support of the application will be relied upon by *Conventus* in making its underwriting decision. I further understand that this insurance will be voidable as of the effective date at the option of *Conventus* if its agreement to issue this insurance was materially based on information supplied by me that was later found to be false or fraudulent.

I authorize the release of any underwriting, credentialing and/or claim information from (and release from any and all liability for the provision of information) all prior and current insurers, all professional societies or association, any state licensing authority, any hospitals, or any credentialing agency to *Conventus* and its subsidiaries, or agents, or Attorney-in-Fact.

Print Name: _____

New Jersey Medical License Number: _____

Signature of Applicant: _____ Date: _____