



1800 Northern Blvd., Roslyn, N.Y. 11576
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NEW AND RENEWAL APPLICATION FOR DIRECT PAY EXCESS COVERAGE

NOTE: **EmPRO PROVIDES EXCESS COVERAGE ONLY TO THOSE PHYSICIANS FOR WHOM IT PROVIDES PRIMARY MEDICAL MALPRACTICE COVERAGE.**

Please Check One: **New Excess Policy** **Renewal Excess Policy**

1. Name: _____

2. EmPRO Policy #: _____

(Questions 3 applicable to new excess policies only)

3. I wish coverage for Excess with EmPRO to be effective: _____

I authorize release and exchange of information, involving but not limited to claim matters, between my professional society or association, previous insurance carrier, hospital or clinic and EmPRO Insurance Company.

NOTE: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY 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.

Signature of Applicant

Date of Signature

Please type your name and date above. Applications can be mailed to the address at the top of this application, faxed to (516) 684-2365 or emailed to CONTACT-US@MEDMAL.COM

I do not have excess coverage through the hospital excess program.