

**MULTI-SPECIALTY HEALTHCARE PROFESSIONAL****OCCURRENCE COMMERCIAL GENERAL LIABILITY SUPPLEMENTAL APPLICATION****If you are a practice owner or independent contractor, do you desire Commercial General Liability coverage?**☐ Yes ☐ No

If yes, please select coverages, limits and complete the following questions.

**A. Desired Limits:** Per Occurrence/Annual Aggregate:☐ \$1,000,000/\$3,000,000☐ \$1,000,000/\$6,000,000^☐ \$2,000,000/\$4,000,000^

^The Commercial General Liability Limits cannot be greater than your selected Medical Protective Company Professional Liability Limits.

**B. Do you own, rent or lease premises from others?**☐ Yes ☐ No

If yes, please provide the number of locations: \_\_\_\_\_

**C. Do you rent or lease equipment from others?**☐ Yes ☐ No

If yes to Questions B or C above, please answer the following:

**D. Are you required by contract to name an Additional Insured to your Commercial General Liability policy?**☐ Yes ☐ No

1. If yes, please provide the Additional Insured(s) Name and Address. Include only Lessors required to be named under contract.

Additional Insured Name: \_\_\_\_\_

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

Street

City

State

Zip Code

2. Is the Additional Insured a:

☐ Lessor of Premises:

Description of Leased Premises: \_\_\_\_\_

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

Street

City

State

Zip Code

☐ Lessor of Equipment:

Description of Equipment: \_\_\_\_\_

Please be advised that if you do not purchase tail coverage (an extended reporting endorsement) from your current insurer where you are insured for Commercial General Liability under a Claims-Made policy, this will result in an uninsured exposure for any claims which may arise as a result from an event while insured by your current insurer's policy. If you do not purchase tail coverage from your current insurer, understand that the policy for which you are applying with The Medical Protective Company, if offered, will not provide prior acts Commercial General Liability coverage.

**- IMPORTANT -****NOTICE OF AVAILABLE COVERAGE UNDER THE TERRORISM RISK INSURANCE PROGRAM****REAUTHORIZATION ACT OF 2007****THIS NOTICE DISCUSSES A DECISION YOU MUST MAKE ON COVERAGE FOR ACTS OF TERRORISM**

Based upon the tragic events of September 11, 2001, Congress enacted the Terrorism Risk Insurance Act of 2002 which was extended in 2005 and 2007, until December 31, 2014 (the "Act"). As such, you are hereby notified that under the Act, you have the right to purchase insurance for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act. You should know that losses may be reimbursed by the United States under a formula established by federal law where the government generally reimburses 85% of losses exceeding the statutorily established deductible (20% of our direct earned premium for an insured loss). You should also know there is a \$100 billion cap that limits the reimbursement for losses. If the aggregate insured losses for all insurers exceed the \$100 billion cap, and we have met our insurer deductible, your coverage may be reduced. Further, there may be exclusions under the policy that may affect coverage. We may not be liable under our policies for our portion of such losses that exceed such amount, and the amounts we pay may be reduced as a result. We may reserve our rights when we make payments to you, and we may require that you return any overpayment to us. **Should you purchase Commercial General Liability coverage from Medical Protective, coverage for insured losses is automatically included in your policy for NO additional premium. In order to decline this free coverage, you must notify the Company in writing that you have chosen to DECLINE this coverage. If you decide to decline the terrorism coverage you must notify us of your decision at the following address:**

Medical Protective Company  
Attn: HCP Underwriting Team  
5814 Reed Road  
Fort Wayne, IN 46835