

PENNSYLVANIA PROFESSIONAL LIABILITY JOINT UNDERWRITING ASSOCIATION

Hickory Pointe, Suite 125, 2250 Hickory Road, Plymouth Meeting, PA 19462
 (610) 828-8890 - Fax: (610) 825-0688 - E-mail: Insurance@PAJUA.com

Prior Acts Supplemental Application

This application supplements the standard Association application. The standard application must be completed and submitted with this application in order for a quotation to be provided. Failure to do so will delay quotations.

Applicant:		
_____ First Name (or Corporate Name)	_____ Middle Name	_____ Last Name
PA Medical License Number	M.D. D.O. D.P.M. <input type="checkbox"/> C.N.W.	
	Other: _____	

Note: This coverage provides coverage for prior acts for incidents that occurred during the period of a prior occurrence policy issued by a non-licensed, approved insolvent carrier. This coverage is only available to applicants that were not able to purchase prior acts coverage elsewhere.

Previous Policy Information

Please tell us about the policy that this coverage applies to

Insurance Carrier		Original Effective Date*	
Policy Number		Expiration Date or Termination Date	
* Note that it is critical that the original effective date of the policy and its subsequent renewals be listed. Otherwise any policy issued based on this application will only provide coverage for the listed period. If more than one policy was purchased from the insolvent carrier, attach a list of the policy numbers and the periods each covered.			

Please attach a copy of the policy declarations or face sheet.

Current Policy Information

Please tell us about your current policy

Insurance Carrier		Effective Date	
Policy Number		Retroactive Date, if applicable	

Individual Health Care Providers

When completing the standard application, complete the information on specialty and procedures the way you would have completed it as of the last day of coverage with the insolvent carrier.

Professional Associations and Corporations

When completing the standard application, complete the information on employed/contracted physicians and other employees based on those employed or contracted as of the last day of coverage with the insolvent carrier.

Institutional Providers

When completing the standard application, complete the exposure information based on the exposures for the 6 months preceding the end of your coverage with the insolvent carrier.

Medical Incidents: Are you aware of any medical incidents which occurred after the Effective date and before the Expiration or Termination Date of your previous policy for which a claim has not yet been made? Yes No If you answered Yes, complete the following (attach a list if necessary)

Date of Incident	Patients Name	Description of incident and injury

Note: The above will not be covered by any policy issued by the Association

Applicant's Signature*

Date

* If the applicant is not an individual health care provider, authorized signature and title