HEALTHCARE PROFESSIONAL
RISK RETENTION GROUP

A Exceptional
Financial Stability Rating®
Demotech, Inc.

Corporate Additional Insured Application

Named Insured: _____

Policy Number: _____

Corporate Entity to be endorsed: _____

Practice Address: _____

Practice phone number: _____

Limits requested: ☐ Shared limits ☐ Separate limits

Please provide full explanation to all "Yes" answers

1. Has this entity ever been the party to a liability claim?	☐ Yes	☐ No
2. Do any healthcare professional practice at this entity without insurance?	☐ Yes	☐ No
3. Does the entity have additional locations in addition to the one listed above?	☐ Yes	☐ No
4. Are you aware of any medical incidents that could result in a claim?	☐ Yes	☐ No

Explanation: _____

_____

_____

I hereby warrant and represent, the above is accurate and material. Any inaccurate statements, whether truthful or not, may cause coverage to be voided.

Signature: _____

Print Name: _____

Title: _____

Date: _____

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