



REQUEST TO ADD
HEALTHCARE
PROFESSIONAL

TO: The Doctors Company
Underwriting Department

RE: **Additional Coverage for Policy #** _____

Please add _____ to the policy of _____ ,
Healthcare Professional Name Group Name
effective _____ .
Date

This Healthcare Professional will be working:

- 0 - 10 hours per week 11 - 20 hours per week 21 + hour per week

If a question does not apply, simply enter "N/A."

1. Please place _____ in slot # _____ .

2. This Healthcare Professional will:

- Have separate limits—please complete an application for coverage.
- Share limits—if sharing limits please attach CV and provide the following information:

_____ Date of Birth _____ Social Security Number _____ Medical License Number

3. Please provide Prior Acts Coverage: Yes No

Retroactive Date Requested: _____

I understand that coverage is not automatic and that **no coverage will be in force** prior to written underwriting approval.

Signature

Print Name

Date