



Request for COVID-19 Related Part-Time Discount

Insured Name: _____
 First Middle Initial Last

Policy Number: _____

Email: _____

Date that your hours and patient visits decreased due to COVID-19 related circumstances: _____

If you have already returned to Full-Time practice, please indicate the date: _____

During this time, how many patient visits did you average per week? _____

During this time, how many hours per week were you treating patients? _____

Provide your signature if you are in agreement with the terms below.

- I attest that the answers provided above are true and accurate;
- Receiving a Part-Time Discount on my Professional Liability policy is related to a decrease in patient visits and/or hours due to the COVID-19 pandemic;
- I will notify the insurance company upon my return to seeing patients on a full-time basis;
- I acknowledge that this change is temporary and NCMIC Insurance Company will provide me thirty (30) days notice when the Part-Time Discount is being removed from my policy. At that time, if I am still working part-time hours, I will have to complete an application for the discount to remain.

Signature: _____ Date: _____

Return the completed form by email or fax.

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|  Email: dentalsubmissions@psicinsurance.com |  Fax: 1-800-600-8170 |
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Malpractice insurance is underwritten by Professional Solutions Insurance Company (doing business in California as PSIC Insurance Company). In Connecticut, Florida, and Nevada dental malpractice insurance is obtained through PSIC RPG Association and underwritten by NCMIC Insurance Company.