Curi

Underwritten by a Curi Company

Medical Mutual Insurance Company of North Carolina
MMIC Insurance, Inc. | UMIA Insurance, Inc.
Medical Security Insurance Company
MMIC Risk Retention Group, Inc.

ENTITY SHARED LIMIT
QUESTIONNAIRE

Requested Effective Date:		Requested Prior Acts Date:	
Applicant (Legal Name):			
Physical Address:			
Tax ID:	NPI:	County:	
License #:	Website:		
Administrator:		Phone:	Email:

1. List all current owners, including owners that are not medical professionals. Attach a separate document if necessary.

Individual/Entity Owner Full Name	% of Ownership	Medical Specialty or Professional Occupation

2. Provide a description of operations:

3. Does the Applicant employ or contract with medical professionals? If yes, include below number and type of medical professionals.	☐ Yes ☐ No
4. Is the Applicant (legal entity) active and in good standing with the state of domicile? If not, please explain:	☐ Yes ☐ No
5. Have any claims or suits ever been made against the Applicant, the Applicant's owners, employees or contractors, including any person for whose acts or omissions the Applicant is legally responsible for?	☐ Yes ☐ No
6. Is the Applicant aware of any potential claims including alleged injury, incidents or circumstances that might reasonably lead to a claim or suit being brought against the Applicant, the Applicant's owners, employees or contractors (including any person for whose acts or omissions the Applicant is legally responsible for) even if the claim or suit would be without merit? This includes any request for medical records related to an adverse outcome.	☐ Yes ☐ No

I declare the information provided herein is complete and accurate. Providing false or misleading information may result in limiting or voiding coverage. I acknowledge a duty to timely inform you of any changes to answers provided herein.

Policyholder Signature _____ Title _____ Date _____

Print Signature _____