



Policy Administrator – Designation &/or Change

You are your own Policy Administrator, unless you designate another party. As a service to you, the insured, your policy allows you to designate a Policy Administrator other than yourself. Please take time to read and understand the authority granted by such a designation.

If you designate a Policy Administrator, that party will be displayed on the Declarations Page or Endorsement.

www.mlmic.com

Policy Administrator means the person or organization designated in the Declarations Page. Designation as a Policy Administrator confers no coverage.

The Policy Administrator is the agent of all Insureds herein for the paying of Premium, requesting changes in the policy, including cancellation thereof and for receiving dividends and any return Premiums when due. By designating a Policy Administrator each Insured gives us permission to release information about each such Insured, your practice or any other information that we may have to such Policy Administrator.

NOTICE:

The election of Policy Administrator (PA) can only be changed by the Insured. However, the current PA, other than the Insured, may rescind their status, allowing the PA role to revert to the Insured or their new designee.

1. The Insured can notify us to change the Policy Administrator by written notice. When such a change is requested we will send notification of the request, including the date of the change, to the individual parties. Once the change in Policy Administrator is made, all rights will be given to the new Policy Administrator as of the effective date of the change.

2. Either the Policy Administrator or the Insured may elect to change or terminate coverage.

3. All cancellation, non-renewals and extended reporting endorsement notices will be sent to both the current Policy Administrator and the Insured at the address shown in the policy. The address of the Policy Administrator becomes the address to which all legal notices will be sent.

4. Dividends, if declared, will be credited to the policy and Policy Administrator on record as of the date declared by the Board of Directors.

5. Medical Liability Mutual Insurance Company is not a party to any agreement between you and your Policy Administrator.

6. By signing this form, the Policy Administrator, indicated below, accepts their role and agrees to notify us in writing in the event they decide not to continue in this capacity.

Print Name of Insured: _____

Policy Number: _____

Effective Date of this designation: _____

Policy Administrator: _____ TIN Number: _____

Contact Name: _____ E-mail Address: _____

Address: _____

Billing Address (if different): _____

Phone Number: _____ Fax Number: _____

In Witness Whereof, I sign my name:

Signature of MLMIC Insured: _____ Dated: _____

Signature of Policy Administrator (PA): _____ Dated: _____

(If an organization – signature of authorized party & title.)