



PART A | GENERAL INFORMATION

1 Name of Applicant Organization

Date of Application

2 Main Corporate Address

Mailing Address

Street Address (if different from mailing)

City, State, Zip+4

City, State, Zip+4

3 Main Phone Number and Fax Number

Website Address

P F Please include all digits necessary for dialing from the United States

4 Designated Representative to MPL Association¹

Alternate Representative to MPL Association

Name

Name

Title

Title

Address (if different from corporate)

Address (if different from corporate)

Phone

Phone

Email

Email

¹The designated representative to the MPL Association is the individual who will receive a copy of all member mailings/emails distributed on a one-per-member basis, including administrative mailings (i.e. dues renewal notices, member surveys, etc.) and other important member program notices or alerts. All other contacts listed here will not receive mailings from the MPL Association unless requested or approved by the designated representative.

PART B | INFORMATION FOR ALL AFFILIATE PARTNER APPLICANTS

1 Describe the Types of Products and Services You Offer to MPL Association Member Companies

2 Method of Ownership

Stock Company - Publicly Traded

Sole Proprietor/Partnership

Stock Company - Closely Held (By Whom)

Other (Specify)

3 Describe Existing Relationships with Current MPL Association Members

PART C | INFORMATION FOR REINSURER APPLICANTS ONLY (Optional)

1 Lines of Insurance - Please Indicate All Lines Reinsured

Lines of Business	Annual Gross Written Premium (\$US Mil)	Number of Clients
Medical Liability - Physicians	_____	_____
Dental Liability	_____	_____
Professional Corporations	_____	_____
Hospital/Institutional Liability	_____	_____
Other Healthcare Professionals (Specify)	_____	_____
_____	_____	_____
Other Healthcare Liability (Specify)	_____	_____
_____	_____	_____
Other (Specify)	_____	_____
_____	_____	_____
TOTAL	_____	_____

2 Method of Ownership

- Stock Insurance Company - Publicly Traded
 Mutual Insurance Company
- Stock Insurance Company - Closely Held (By Whom)
 Other (Specify)

3 Professional/Institutional Liability Policy/Coverage Types Reinsured

Type	% of Policies	Type	% of Policies
Claims Made	_____	CM/Prefunded Tail	_____
Occurrence	_____	Discretionary	_____
Other (Specify)	_____	Other (Specify)	_____
_____	_____	_____	_____

4 Countries/States/Provinces of Insurance Operations

5 List MPL Association Member Companies with Which You Currently Have Reinsurance Relationships

PART D | AUTHENTICATION (All must complete)

Category of Affiliate Partner Desired (see attached description)

- Advantage** | Annual Dues - **\$6,000**
 Premium | Annual Dues - **\$12,000**

PLEASE NOTE: MPL Association will send you an invoice once your application is approved and the initial membership dues will be prorated by the number of full months left in the calendar year. Also, the Designated Representative will have an opportunity to update and verify this information when renewing the partnership on an annual basis.

Please Check Your Preference

- Our check is included with this application
 Please send us an invoice

Signature of Individual Completing Application

Date

Name (Print)

Title

Phone

Email