

South Carolina Joint Underwriting Association
 550 South Main Street, Suite 600, Greenville, SC 29601 *corporate office*
 Lock Box 932523, Atlanta, GA 31193-2523 *payment remittance address*
 864.240.5449 *main* 866.893.6270 *toll-free* 864.240.2750 *fax*
 www.scjua.com

THE SOUTH CAROLINA JUA is a not-for-profit association established to insure, support and defend South Carolina medical professionals. The association is managed by **MARSH**.

ENTITY SHARED LIMITS ENDORSEMENT REQUEST FORM

Instructions

1. Please read Section "B" carefully, and call the JUA if you have questions.
2. Please answer ALL questions, leaving no blanks.
3. If more space is needed for responses, please continue on a separate sheet with the question # noted.
4. The endorsement request must be signed and dated by the Insured
5. Please attach a copy of your business letterhead that includes a list of all licensed healthcare providers in the practice to this form when complete.
6. Please fax the completed form, along with any required attachments and additional information to the SCJUA and the SCPCF. You may use this page as a fax coversheet.
 JUA Underwriting Department Fax #: 864-240-2750
 PCF Underwriting Department Fax #: 803-896-5294

IMPORTANT: *If switching to shared limits, all individually insured physicians and mid-levels should have this endorsement added to their policy whether they are insured by the JUA or another carrier. Failure to do so may result in a gap in coverage.*

A. FAX COVER INFORMATION:

TO:

JUA Underwriting Department
 Fax # 864-240-2750
 PCF Underwriting Department
 Fax # 803-896-5294

FROM:

_____ Date: ____ / ____ / ____
Authorized Practice Representative Name

PRACTICE NAME: _____

INDIVIDUAL INSURED'S NAME: _____

Phone: _____

Fax: _____ Total # of Pages: _____

The information contained in this transmission is privileged and confidential. It is intended only for the use of the JUA. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this transmission is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone and return the original message to the South Carolina JUA via the U.S. Postal Service. Thank you.

B. ENTITY SHARED LIMITS ENDORSEMENT OPTION:

The individual insured may choose to insure the professional association, corporate entity, or other legal practice entity by adding the Shared Limits Endorsement to his/her policy. There is no additional charge for this endorsement. Under most circumstances, the blanket employee coverage, Employees as Additional Insureds Endorsement, should be added to the individual policy as well. The additional premium for the Employees as Additional Insureds Endorsement is 1% of the total premium subject to a minimum premium of \$100 for the JUA and \$100 for the PCF. Each entity, corporation, partnership, or professional association specifically named in the Declarations as the Additional Insured shall not have its own limit of liability, but shall share in the limits of liability of the Named Insured (the individual). Coverage to the organization ceases upon the termination of the individual's policy. If you have a claims-made policy and it is cancelled or non-renewed, except if for non-payment of premium, the individual or the entity may exercise the option to purchase the Extended Reporting Period Endorsement ("tail coverage").

C. INSURED INFORMATION AND COVERAGE REQUEST:

1. Individual Insured's Name: _____
2. Individual Insured's JUA Policy # : _____ 2a. Individual Insured's PCF Member ID #: _____
3. Effective Date for this Change (M/D/Y): ____ / ____ / ____
4. Name of Practice Entity: _____
5. Check below if applicable:
 - 5a. Please **discontinue** the separate practice policy # _____, for the above named practice entity.
 - 5b. Please add the Shared Limits Endorsement to my policy naming the aforementioned **entity** as an Additional Insured.
 - 5c. Please add the **Employees as Additional Insureds Endorsement** ("staff" coverage) to my individual policy.

Initial Here

***Important:** I understand that the additional premium charge for adding the staff coverage is 1% of policy premium subject to a minimum premium of \$100 for the JUA and \$100 for the PCF. I understand that my individual JUA policy limits are 200,000/600,000 and that the PCF individual policy limits are inclusive of the JUA basic limits. Example: The PCF limit of \$1Million/\$3Million is actually \$800,000 excess \$200,000 per incident/ and \$2,400,000 excess \$600,000 annual aggregate. I understand that I will not have separate limits for my entity, but my entity and I will share in the limits of liability under my JUA/PCF coverage.*

6. Please check the appropriate limits of liability you would like from the South Carolina PCF. For details on PCF rates please contact the South Carolina Patients' Compensation Fund @ 803-896-5290.
 - \$1,000,000 per claim/ \$3,000,000 annual aggregate
 - \$2,000,000 per claim/ \$4,000,000 annual aggregate
 - \$3,000,000 per claim/ \$6,000,000 annual aggregate
 - \$5,000,000 per claim/ \$7,000,000 annual aggregate
 - \$10,000,000 per claim/ \$12,000,000 annual aggregate

D. AUTHORIZATION:

I hereby warrant that the information contained in this endorsement request form is accurate and complete to the best of my knowledge.

_____/_____/_____
 Signature of Insured Date