

South Carolina Joint Underwriting Association  
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 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 USA, Inc.

**OCCURRENCE TO CLAIMS MADE REQUEST FORM**

Instructions:

- Please complete, sign and date this authorization, and return via fax to the SCJUA Underwriting Department.

**A. AGENT/BROKER INFORMATION:**

- Agent/Broker name: \_\_\_\_\_
- Agency contact person: \_\_\_\_\_

**B. INSURED INFORMATION:**

- Insured name: \_\_\_\_\_
- Practice/Entity name: \_\_\_\_\_
- SCJUA policy #: \_\_\_\_\_ 5a. Effective dates: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**C. CHANGE REQUEST AND AGREEMENT:**

- I wish to change from occurrence coverage to claims made coverage.  Yes  No
- I have read and understand the following:

\_\_\_\_\_ 7a. All PCF limits are inclusive of the JUA underlying limit of \$200,000 per claim / and \$600,000 annual aggregate. For  
*Initial here* example, \$1,000,000/\$3,000,000 limits are actually \$800,000 excess of \$200,000 per claim / \$2,400,000 excess \$600,000 annual aggregate

\_\_\_\_\_ 7b. **Occurrence Coverage:**  
*Initial here* I understand that occurrence coverage will respond to incidents that occur during the policy period without any consideration for the date a claim is filed with the insurance company.

\_\_\_\_\_ 7c. **Claims-Made Coverage:**  
*Initial here* I understand that claims-made coverage will respond to incidents that take place on or after the prior acts date ("retroactive date") of the policy and which are reported to the insurance company during the policy period. Claims-made coverage involves a step process with the premium increases over the first five years of coverage following the retroactive date in increments proportional to the claims reporting for that experience. The initial premium and subsequent years' premium are lower than an occurrence policy. However, as of the fifth year the claims made premium reaches a mature level and premium adjustments are based on annual rate changes only. If coverage is discontinued, a Reporting Endorsement ("Tail Coverage") must be purchased to provide coverage for claims which may have occurred but have not yet been reported

- Please select desired PCF Limits:  \$1M/\$3M  \$2M/\$4M  \$3M/\$6M  \$5M/\$7M  \$10M/\$12M
- Effective date for change (M/D/Y): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**D. AUTHORIZATION:**

\_\_\_\_\_  
 Signature of Insured (Required) \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

\_\_\_\_\_  
 Signature of Agent/Broker (Not Required) \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date