South Carolina Medical Malpractice Association

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www.scmma.net

OCCURRENCE TO CLAIMS MADE REQUEST FORM

Instructions:

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

A. AGENT/BROKER INFORMATION:

1. Agent/Broker name: _____
2. Agency contact person: _____

B. INSURED INFORMATION:

3. Insured Name: _____
4. Practice/Entity Name:_____
5. SCMMA Policy #: _____ 5a. Effective dates: _____ / _____ / _____ through _____ / _____ / _____

C. CHANGE REQUEST AND AGREEMENT:

6. I wish to change from Occurrence coverage to Claims Made coverage. ☐ Yes ☐ No
7. I have read and understand the following:

_____
Initial here

7a. **Occurrence Coverage:**
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.

_____
Initial here

7b. **Claims-Made Coverage:**
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.

8. Please select desired MMA Limits: ☐ $1M/$3M ☐ $1.2M/$3.6M ☐ $2M/$4M ☐ $3M/$6M
9. Effective date for change (M/D/Y): _____ / _____ / _____

D. AUTHORIZATION:

_____ _____ / _____ / _____
Signature of Insured (Required) Date

_____ _____ / _____ / _____
Signature of Agent/Broker Date