

South Carolina Joint Underwriting Association  
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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.

## MIDLEVEL SHARED LIMITS ENDORSEMENT REQUEST FORM

### Instructions:

To add midlevel shared limits to your policy, please:

1. Sign and date this form
2. Please fax this completed form to both the SCJUA and SCPCF. Please use this page as a fax coversheet.

**Important:** *Effective 4/1/2010 – Midlevels may be covered under a preceptor physician’s policy. **Nurse Practitioners, Nurse Anesthetists, and Physician Assistants** may have the option to be covered under the preceptor physician’s policy in lieu of carrying a separate policy. By eliminating the separate policy for the midlevel you can save 75%. Each such midlevel employee shall not have his/her own limits of liability, but shall share in the limits of liability of the physician.*

### 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:** \_\_\_\_\_

**PRECEPTOR PHYSICIANS 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. INSURED INFORMATION AND SHARED LIMITS COVERAGE REQUEST:**

1. Preceptor Physician's Name: \_\_\_\_\_
2. Preceptor Physician's: JUA Policy #: \_\_\_\_\_ 2a. PCF Member ID #: \_\_\_\_\_
4. Name of Midlevel Sharing the Limit: \_\_\_\_\_
5. Effective Date for this Change (M/D/Y): \_\_\_\_ / \_\_\_\_ / \_\_\_\_
6. Please add the following *Nurse Practitioner / CRNA / or Physician Assistant* (Midlevel) as an Additional Insured to my policy:
  - 6a. Name: \_\_\_\_\_
7. Please discontinue the aforementioned midlevel's separate individual policy: (If applicable)
  - 7a. JUA Policy #: \_\_\_\_\_ 7b. PCF Member ID #: \_\_\_\_\_
8. 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

\_\_\_\_\_ *I understand that there is an additional premium for adding a midlevel to my policy. 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 \$1Million/\$3Million = \$800,000 excess \$200,000 per claim/ \$2,400,000 excess \$600,000 annual aggregate. I understand that I will not have separate limits for my midlevel, and that if my entity is also an additional insured under my policy my midlevel, my entity and I will share in the limits of liability under my JUA/PCF coverage*

**C. 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 Physician Date

**I understand that my coverage is only applicable while working for this physician's practice group and will not provide coverage for any outside moonlighting job/activity.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature of Midlevel Date

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