



ProMutualGroup[®]

**Billing Errors and Omissions
Request for coverage**

- Medical Professional Mutual Insurance Company
- ProSelect Insurance Company
- ProSelect National Insurance Company

| | | | |
|----------------------------|------|----------|-----|
| Name of Physician or Group | | Policy # | |
| Address | City | State | Zip |
| Phone: | | | |

Billing Errors and Omissions coverage is available for your practice.* Below is a pricing guideline for you to determine the cost of this important coverage. If you would like to add this coverage to your professional liability protection, simply complete this form and return it to us along with a separate check for the appropriate premium.

Please note that the rates below apply to individual providers. If you are a part of a group or professional corporation comprised of more than three practitioners, please contact your Agent or ProMutual Group representative for more information.

| Limit of Liability | Premium |
|--------------------|---------|
| \$250,000 | \$500 |
| \$500,000 | \$750 |

* Coverage available only to providers who process their own billing.

Do you do your own billing? Yes No

Number of Practitioners: _____

Listing of Practitioners (attach additional sheet if necessary): _____

Premium Enclosed (please attach a separate check): \$ _____

Signature

Date

Please feel free to contact your Agent or ProMutual Group representative for more information on
Billing Errors and Omissions or other ProMutual Group products.