# Optimize Coverage for Physicians

## Medical Professional Liability Coverage Highlights

<table>
<thead>
<tr>
<th>Coverage Provision</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Broad Coverage Trigger</strong></td>
<td>For claims-made, a claim is first made when MMIC receives notice of a claim or an event which may subsequently give rise to a claim. For occurrence, the coverage provided applies to professional services rendered during the policy period.</td>
</tr>
<tr>
<td><strong>Consent to Settle</strong></td>
<td>We will not settle any claim without your consent. This provision does not apply in Wisconsin and Indiana due to state statute.</td>
</tr>
<tr>
<td><strong>World-Wide Coverage</strong></td>
<td>Coverage is provided anywhere in the world provided the claim is brought in the United States of America, its territories or possessions.</td>
</tr>
<tr>
<td><strong>Limits of Liability</strong></td>
<td>Limits apply separately to each individual and entity listed on the schedule of insureds. The limits also apply separately to each injured person. For birth related claims, one limit will apply to the child and a second limit will apply to the mother, if injured. If shared limits of liability are indicated, they apply on a shared basis.</td>
</tr>
<tr>
<td><strong>Defense Costs and Prejudgment Interest</strong></td>
<td>Defense costs and prejudgment interest are paid in addition to the policy limits. The limits of liability are not eroded by these payments.</td>
</tr>
<tr>
<td><strong>Insured Expenses</strong></td>
<td>Up to $1,000 per day is provided for reasonable expenses, including lost income, that an insured incurs in complying with our specific request to attend a deposition or appear at a trial or similar formal proceeding. There is no aggregate.</td>
</tr>
<tr>
<td><strong>Patient Medical Expense Coverage</strong></td>
<td>Up to $10,000 per incident ($50,000 policy aggregate) is provided for reimbursement for out of pocket patient medical expenses due to professional services provided by an insured resulting in an unanticipated injury or outcome, not including expenses charged by an insured.</td>
</tr>
<tr>
<td><strong>Licensure Proceedings</strong></td>
<td>Up to $25,000 each complaint ($25,000 each insured aggregate) is provided for fees charged by an attorney to represent an individual insured or an insured’s employees to respond to a formal complaint from a governmental body responsible for the licensure of health care professionals.</td>
</tr>
<tr>
<td><strong>Employee and Volunteer Workers Coverage</strong></td>
<td>Coverage is automatically included for most employees and volunteer workers. For coverage to apply to nurse anesthetists, nurse midwives, heart-lung perfusionists, podiatrists, leased health care providers, interns, externs, residents and dental, osteopathic, chiropractic or medical doctors, they must be scheduled on the policy.</td>
</tr>
<tr>
<td><strong>Locum Tenens (Substitute Physician)</strong></td>
<td>Coverage is automatically provided to locum tenens on a shared limit basis, except in Indiana, Kansas, Nebraska and Wisconsin due to patient compensation fund requirements.</td>
</tr>
<tr>
<td><strong>Vicarious Liability</strong></td>
<td>Vicarious liability coverage is included for claims arising out of professional services that were or should have been provided by a person for whom the insured is liable.</td>
</tr>
<tr>
<td><strong>Extended Reporting Period Provisions – if Claims-Made</strong></td>
<td>The extended reporting period premium is waived in the event of death, total and permanent disability, attainment of age 60 with 15 years continuous coverage, attainment of age 62 with 10 years continuous coverage and permanent retirement with one year of continuous coverage with us.</td>
</tr>
<tr>
<td><strong>Extended Reporting Period Limits of Liability – if Claims-Made</strong></td>
<td>The aggregate limit for the reporting endorsement applies separately to each of the reporting periods: 1) The first 12 months following the date coverage was cancelled or not renewed; 2) The second 12 months following the date coverage was cancelled or not renewed; 3) Any remaining policy period the reporting endorsement is in effect.</td>
</tr>
</tbody>
</table>

The coverage provisions included in this document are part of MMIC’s standard policy form. The actual language of the policy issued will control the specific coverages available. In providing this summary, MMIC Insurance, Inc. does not waive any rights established by the policies it issues. State amendatory endorsements are not included in this summary.