

CMA/County Medical Association & Society Sponsored
Business Owners Package Application



Check one: Please issue a quote Please consider this application as a request for coverage
 How to request a quote or apply: complete this form, select the coverages you desire, and fax to **515-365-0681**, scan and e-mail it to **LH.Admin@mercer.com**, or mail to Mercer, P.O. Box 14438, Des Moines, IA 50306-9803.
 Please print or type all information. If you would like assistance completing the form, call **800-842-3761**.

100671w

1.) GENERAL APPLICANT INFORMATION

Requested Effective Date: _____ Named Insured is: Individual Corporation Partnership Joint Venture
 Medical Specialty: _____ County Medical Association/Society: _____

Business/Corporate Name, DBA, or Your Name, if not incorporated _____ Federal Tax I.D. # _____

Name of Owners, Partners, and Corporate Officers who are active in the business, and their professional occupation. _____

Street Address _____ Daytime Phone _____ Fax Number _____
 City _____ County _____ State _____ Zip Code _____

Location Address, if other than above: Please list additional locations in Remarks Section on Page 3.

Interest In Premises:
 Lessee
 Owner/Occupant
 Owner/Lessor
 Condo Owner

Street Address _____
 City _____ County _____ State _____ Zip Code _____

2.) BUSINESS OWNERS PACKAGE

Indicate limits of coverage you require in addition to the limits or coverages indicated below, for each location:

PROPERTY COVERAGES		LIABILITY COVERAGES	
Includes Business Income/Extra Expense — Actual Loss Sustained —		Limits of Insurance	
<p>Coverage A _____ Coverage B _____</p> <p>Building _____ Contents _____</p> <p>\$ _____ \$ _____</p> <p>Replacement Cost Replacement Cost</p> <p>Deductible Per Policy: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500 <input type="checkbox"/> \$5000</p> <p>Includes the following:</p> <p>Accounts Receivable Minimum Included or \$ _____</p> <p>Valuable Papers Minimum Included or \$ _____</p> <p>Personal Property Off Premises Minimum Included or \$ _____</p> <p>Computer..EDP, software Minimum Included or \$ _____</p> <p>Employee Dishonesty Minimum Included or \$ _____</p> <p>Water & Sewer Backup Minimum Included or \$ _____</p> <p>Signs Minimum Included or \$ _____</p>	<p>Coverage C — Business Liability Limits of Insurance</p> <p><input type="checkbox"/> \$1,000,000 per occurrence/ <input type="checkbox"/> \$2,000,000 per occurrence/ \$3,000,000 annual aggregate \$4,000,000 annual aggregate</p> <p>Includes:</p> <p>Tenant's Legal Liability Minimum Included or \$ _____</p> <p>Limited Glass Coverage</p> <p>Coverage – Medical Payments \$10,000 per Person</p> <p>Optional:</p> <p>Employee Benefits Liability \$10,000 or \$ _____</p> <p>Full Glass Coverage (Value of Glass) \$ _____</p> <p>Umbrella \$ _____ Million</p> <p>Hired and Non-Owned Auto <input type="checkbox"/> Include <input type="checkbox"/> Exclude</p> <p><input type="checkbox"/> MultiCover Endorsement</p> <p><input type="checkbox"/> Business Owners Extension Endorsement</p>		

3.) SIGNATURE

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

I authorize Mercer to collect, use and disclose loss run information from my former Business Owners Package insurance policies solely for the purpose of obtaining replacement coverage. I authorize Mercer to obtain proposals on my behalf from the program insurers. They are authorized to release to prospective insurers the name of my current insurer, pricing and policy terms. They may also release to prospective insurers the results of other competitive bids in order to allow an insurer to submit an improved quote. I will advise Mercer in writing if I do not want any of the above information released.

Signature: _____ Date: _____

1-860 (5/18) Mercer Health & Benefits Insurance Services LLC • CA Insurance License #0G39709
Copyright 2018 Mercer LLC. All rights reserved. • 633 West 5th Street, Suite 1200, Los Angeles, CA 90071 • 800-842-3761
CMACounty.Insurance.service@mercer.com • www.CountyCMAMemberInsurance.com

About Our Role and Compensation

Mercer Health & Benefits Insurance Services LLC facilitates the placement of insurance coverage on behalf of our clients. In accordance with industry custom, we are compensated through commissions that are calculated as a percentage of the insurance premiums charged by insurers. We may also receive additional monetary and nonmonetary compensation from insurers, or from other insurance intermediaries, which may be contingent upon such factors as volume, growth or retention of business. This compensation may include payment from insurers for marketing related expenses or investments in technology. Our compensation may vary depending on the type of insurance purchased and the insurer selected. We will provide you additional information about our compensation and information about alternative quotes, upon your request.

Mercer Health & Benefits Insurance Services LLC, a leader in business transparency, is committed to complete disclosure of the compensation we receive from the insurance companies for the services we perform on your behalf and that of your sponsoring organization.

Expenses are incurred in the administration of all insurance plans (marketing and communications, billing and collecting premium, payment of claims benefits, responding to customer inquiries, and compensation in the form of commission for agents or companies who provide these services), and these are included as part of the premium rate structure.

The premium quoted includes compensation (shown above) received by Mercer for providing services that may include enrollments, ongoing servicing, billing and communications. Marketing expenses for this plan are paid by Mercer Health & Benefits Insurance Services LLC. These rates are subject to change and will be updated promptly upon such changes.

In this transaction, Mercer Health & Benefits Insurance Services LLC is paid a standard commission of the insurance premium. Periodically insurance carriers will pay incentives based on the number of lives insured during a certain period of time. We may also earn contingent commission on this transaction. For more information on contingent commission amounts received by Mercer, please call 800-842-3761 and request information about the Bonus Commissions. Where permitted by law, Mercer Health & Benefits Insurance Services LLC may also earn and retain interest income on premiums held by Mercer Health & Benefits Insurance Services LLC on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer. If you utilize premium financing, additional fees may also be earned that will be disclosed at the time premium financing is offered.

Marsh & McLennan Companies, Inc., and its subsidiaries, which includes Mercer Health & Benefits Insurance Services LLC own equity interests in certain insurers and wholesale brokers. Information regarding such interests is available at www.mercer.com/transparency.

Mercer is prohibited by law in most states from altering the amount of compensation received from the insurer based in whole or in part on the sale of this insurance¹.

¹ This disclosure is mandated by New York State Insurance Department Regulation No. 194 (11 NYCRR 30.3(b) (5)) (Regulation 194), which we interpret to apply to the various anti-rebating insurance laws throughout the country, such as New York Insurance Law § 2324, which prohibits insurance companies, agents and brokers from sharing or rebating commissions as an inducement to making an insurance contract. Irrespective of whether Regulation 194 applies to anti-rebating laws or whether rebating is prohibited by law in your state, Mercer will not alter its compensation for this program.

4.) REMARKS
