

**PRINCETON INSURANCE COMPANY**  
**PHYSICIAN GROUP SUPPLEMENT**

As used in this Application, the word Group means the entity or corporation as well as all Group Members unless otherwise indicated below. Group Members means any Group shareholder, owner, employee or independent contractor.

The Group or any of its members may be eligible for Princeton Insurance Company ("Princeton Insurance" or "Company") Group Application Process. In order to qualify, each Group Member must be credentialed. The credentialing information should provide sufficient detail to answer the questions on this Application on behalf of all Group Members (including the entity, shareholders, owners, employees and independent contractors). If sufficient information is available, Princeton Insurance will allow the Group Application to be completed on behalf of all Group Members.

The Group or any of its members declares that:

- (1) All of the credentialing information utilized to complete this application has been updated within the last two years;
- (2) All claims, suits, records requests and incidents of the Group or any of its members were provided to Princeton Insurance for evaluation of the Group's or any of its members' loss history; and
- (3) All claims, suits, records requests and incidents of the Group or any of its members have been reported to the Group's or any of its members' current malpractice insurance carrier.

Please note that the application must be signed by a:

- President, Chief Executive Office, or other Officer;
- Partner if a PC or PA; or
- Office Administrator or equivalent Authorized Representative on behalf of all members of the Group.

\_\_\_\_\_  
Authorized Representative Signature

Date Signed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title