



**Special Application for the Limited GAP Insurance Coverage Endorsement  
(For Prior MIIX Policies)  
(Commonly referred to as GAP Coverage)**

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1. Did you have any exclusions that limited coverage, e.g., Procedure, Territory, Employer?

Yes    No   List: \_\_\_\_\_

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2. Did the above policy(ies) carry any kind of deductible or self-insurance retention?

Yes    No   If YES, please describe and indicate amounts: \_\_\_\_\_

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3. List all states where you have practiced or taught and the years associated with these states for any of the above MIIX Policy Periods: (use a separate sheet if necessary) \_\_\_\_\_

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4. At any time while you were insured by MIIX, did you change, add or delete any aspect of your practice?

Yes    No   If YES, please describe: \_\_\_\_\_

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5. List all "claims", potential "claims" and any facts, circumstances, or "injury" that may result in a "claim" being made against you that you have reported to your former insurer MIIX or to PLIGA. **THERE IS NO COVERAGE UNDER ANY CIRCUMSTANCE PROVIDED BY THIS LIMITED GAP INSURANCE COVERAGE ENDORSEMENT FOR ANY "CLAIMS", POTENTIAL "CLAIMS" AND/OR ANY FACTS, CIRCUMSTANCES, OR "INJURY" LISTED HERE.** *(Please provide the name of the actual or potential claimant or plaintiff, the date(s) of treatment, a description of the treatment provided and a description of the actual or potential "claim" or facts, circumstances or "injury" that may result in a "claim" being asserted against you.)*

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**INSURED'S REPRESENTATION AND WARRANTY**

(check applicable box and sign and date below)

I hereby represent and warrant to Princeton Insurance Company that I know of no "claims" or potential "claims" that have been or may be asserted against me that have not been reported to MIIX (my former insurer) or to PLIGA. I further represent and warrant that I know of no facts, circumstances or "injury" that may result in a "claim" being asserted against me that have not been reported to MIIX (my former insurer) or to PLIGA.

- OR -

I hereby represent and warrant to Princeton Insurance Company that except as described below, I know of no "claims" or potential "claims" that have been or may be asserted against me that have not been reported to MIIX (my former insurer). I further represent and warrant that except as described below, I know of no facts, circumstances or "injury" that may result in a "claim" being asserted against me which have not been reported to MIIX (my former insurer) or to PLIGA. *(Please provide the name of the actual or potential claimant or plaintiff, the date(s) of treatment, a description of the treatment provided and a description of the actual or potential claim or facts, circumstances or "injury" that may result in a "claim" being asserted against you.)*

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I understand that any "claims", potential, "claims" facts, circumstances or "injury" that may result in a "claim" which are known to or could be reasonably foreseen by me but not listed above are not covered by, and are specifically excluded from, the coverage afforded by this Endorsement.

I hereby certify that I have read the above Application and that the information and all statements contained in this Application, and any supplemental or additional written documents submitted in connection with this Application are complete and true. I understand that Princeton Insurance Company will rely on these representations in issuing the Endorsement, and that any policy obtained by fraud, material representations or omission is void.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

N.J. License No. \_\_\_\_\_

Agent: \_\_\_\_\_