

DSNJ PURCHASING ALLIANCE, INC.
MEMBERSHIP APPLICATION

Name _____
Last First MI

Practice Name _____

Website Address _____

Office Address _____
Number/Street City State Zip

Home Address _____
Number/Street City State Zip

Office Telephone () _____

Home Telephone () _____

Fax Number () _____

E-mail Address _____

Please answer the following:

Number of years in practice: _____

Policy type desired: _____ Claims Made
_____ Occurrence Type

Limits of liability desired: _____

Any out-of-state exposure: _____ YES
_____ NO

Current insurance company: _____

Renewal date: _____

Annual premium: _____

Broker (if applicable): _____

Notify me of my quote by: _____ Mail _____ Fax _____ E-mail

Annual membership for the DSNJ Purchasing Alliance is \$100.00 (dues are renewable on the anniversary of your policy). In order to qualify for membership in the alliance, you must be a current member of the Dermatological Society of New Jersey.

Please make check payable to: DSNJ Purchasing Alliance and mail this form along with your check to:

DSNJ Purchasing Alliance
Barrington Commons
208 White Horse Pike, Suite 10
Barrington, NJ 08007

If you have any questions, you or your broker may call MDAAdvantage directly at 1-888-355-5551 and ask to speak with a representative in the Underwriting Department. A final quote will be given once your application is reviewed and approved by MDAAdvantage. If for some reason you do not meet the underwriting guidelines and your application is declined, your membership fee of \$100.00 will be refunded.

*All new applicants must meet MDAAdvantage underwriting criteria to be eligible for the discount. Physicians who are receiving the discount and drop below the Standard Rating tier will be given one (1) year to continue the discount. If, at the next renewal the physician is still below the Standard Rating tier, the physician will no longer receive the discount. All Medallion, Preferred and Standard rated physicians will be eligible for the discount.