

**PENNSYLVANIA PROFESSIONAL LIABILITY
JOINT UNDERWRITING ASSOCIATION**

VEVA 14, SUITE 300
1777 SENTRY PARKWAY WEST
BLUE BELL, PA 19422

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FAX (610) 825 - 0688
Email: Insurance@PAJUA.com

Date: Monday, April 27, 2020
To: GCG Risk Management Consultants, LLC
701 N. Hermitage Rd.
Suite 14
Hermitage PA 16148

Fax: 800 311 7086

Email: christey.beckert@aleragroup.com

Subject: Medical Liability Coverage for: - **Michael Irwin Cheikin, MD**
Renewal of Policy: **D17930** Expiration: **6/30/2020**

Rating Class: **Physicians Not Otherwise Classified - No Surgery (NOC)**
Rating Terr.: **Montgomery** Avg Hours per Week: **50**

After evaluating the current loss history and the renewal application, we have arrived at the following quotation for the renewal policy:

\$	7,683	JUA premium Retroactive Date: 6/30/2003
		\$500,000 per occurrence / \$1,500,000 annual aggregate
\$	1,730	1-year Mcare Assessment ¹
\$	9,413	Total

PLEASE PAY BY 6/18/2020

This will ensure that a renewal binder is issued by the expiration date and avoid a gap in coverage. .

For coverage to continue uninterrupted, a payment must be received by us **by 6/30/2020**.

Payment to the PA JUA should be made by ACH, wire transfer or counter deposit (direct deposit into the PAJUA bank account). (but not credit card). Please see instructions at the end of this letter. As our office is currently closed and everyone is working remotely, we prefer that payments not be mailed although someone is going in once a week in case there is mail. ². We honor premium financing agreements.

¹ The Mcare Fund (“the Fund”) could deny a claim if the applicant has not paid the amount of the assessment that is due. The full assessment is due with the payment of your renewal policy.

The PAJUA charges a service fee for checks returned for insufficient funds or stop payment. The service fee is \$30 per check per occasion (if the JUA deposits a returned check at the payer's request the charge applies each time the check is returned).

Return for PAJUA premiums are computed at 95% of the pro-rated unearned premium less administrative fees and service charges subject to retained minimum premium. After the effective date, **there will be no flat or retroactive cancellations. Cancellations are processed effective the date notice is received in our office.**

Installment Option –If your premium is 5,000 or greater you may elect to pay for coverage on an installment basis (unless you have had more than one payment incident in the past 3 years.)

A payment incident is defined as 1) a check returned for insufficient funds or stop payment; or 2) cancellation for nonpayment of premium (even if subsequently reinstated) of a JUA policy by the JUA or premium finance company.

The down payment includes the installment service fee (178) and is 2,483 plus 1,730 for the full Mcare assessment. For a total of \$ 4,213.

The 1st installment payment will 15% of the premium and be due 2 months after the effective date.

The 2nd through 4th installment payment will 15% of the premium and be due 4, 6 and 8 months after the effective date.

The balance will be due 10 months after the effective date.

If you choose to pay by installments, the first payment is due before the effective date of coverage. Write the word Installments next to the premium shown above when sending in your payment.

Mcare assessments are not eligible for installments; when due the assessment must be paid in full.

If you have any questions, please contact the JUA.

Pennsylvania Professional Liability JUA

Mail or Deliver Checks to:	PA JUA VEVA 14, Suite 300 1777 Sentry Parkway West Blue Bell, PA 19422	Be sure to include a copy of this letter.
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Wire transfer and ACH instructions (do not mail payments to this address):		
Wire Payments send to: Bank Name: Wells Fargo Bank, N. A. Account No. 1146539554 Wire ABA Number: 121000248	ACH Payments send to: Bank Name: Wells Fargo Bank, N. A. Account No. 1146539554 ACH Account # 80521848 ACH Routing/Transit No.: 021052053	Bank Address is: Wells Fargo Bank, N. A. 123 S. Broad St. – PA4944 Philadelphia, PA 19109
Please reference the Policy Number and Insured in the REMARK section. Email or FAX a notice to the Association to let us know you have made the transfer or deposit.		
You may also use the above information to make a payment at any Wells Fargo bank. Be sure to notify us if you do so.		