



## Notice to New Applicants

- Medical Professional Mutual Insurance Company
- ProSelect Insurance Company
- ProSelect National Insurance Company, Inc.

First Name	Middle Initial	Last Name	Policy Number
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Applicants requesting a claims made policy must read, sign and return this document with the application. Coverage cannot be bound without it.

### IMPORTANT INFORMATION CONCERNING CLAIMS MADE POLICIES

Two dates are particularly important with a claims made policy: the **retroactive date** and the effective date. The **effective date** is the inception date of your Coverys policy. Unless a different date is stated in your policy, the retroactive date under your Coverys policy will be the first date that you had uninterrupted claims made coverage with Coverys.

A claims made policy only covers claims that arise out of incidents that occur on or after the **retroactive date** and only if the claim is first made against you and reported to Coverys in writing during the policy period.

Regardless of your **retroactive date**, there is no coverage for:

- Any incident that *occurs* before the **retroactive date**;
- Claims, suits or licensing board proceedings first brought against any insured before the **effective date**;
- Incidents known (or which should have been known) to any insureds prior to the **effective date**, which might reasonably be expected to result in a claim, suit or licensing board proceeding;
- Incidents or claims reported to another insurer before the **effective date** that were the subject of any notice to another insurer given before the **effective date**.

To help avoid gaps in coverage, applicants are strongly advised to identify and report to their current insurance carrier all circumstances, incidents and injuries that might result in a claim. Such reports should be made before your current policy expires or within any additional time provided by your current policy. Another way to help avoid gaps in coverage is by purchasing an endorsement to your current policy (sometimes called a “tail” or “reporting endorsement”) to extend the time period for reporting claims under your current policy. For more information on reporting endorsements and ways to help avoid gaps in coverage contact your agent.

### IMPORTANT INFORMATION REGARDING EXTENDED REPORTING PERIODS

Upon termination of your Coverys policy, either by you or by Coverys, you will have the right to purchase an endorsement providing an Extended Reporting Period, during which claims otherwise covered by this policy may be first made against you and reported to us.

Without this endorsement, you will not have coverage for any claim reported to us after your policy terminates. The endorsement would reinstate your policy limit once for all claims reported after the termination date.

To exercise your option to purchase this endorsement, you will need to contact your insurance agent within 30 days after the policy terminates. You must also pay any outstanding premium balance that remains on your terminated Claims Made policy.

I have read the above and understand that my failure to identify and report to my current insurer known claims and circumstances, injuries and incidents that might give rise to a claim **will result in a gap in coverage that neither my current nor my new policy will cover.**

In addition, I warrant that the attached list is a complete list of all claims, suits and licensing board proceedings that are pending against me or any another person who will be insured under the Coverys policy and all circumstances, incidents or injuries that might give rise to a claim against me that I am aware of as of the **effective date** requested for this policy. If I learn of any other such circumstances, incidents or injuries or of any claims, suits or licensing board proceedings before the effective date of my Coverys policy, I will immediately notify Coverys and supplement this list. Further, I understand and agree that the circumstances, incidents injuries, claims, suits and licensing board proceedings named on this list **will be excluded from coverage with Coverys.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Producer (*signature is required for N.H. producers only*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Producer

This notice provides no coverage and should not be construed to replace any provisions of your policy. You should read your policy and your Declarations page for complete information about your coverage. If there is any conflict between the policy and this notice, the provisions of the policy will govern.

**Please read your policy carefully.  
If you have any questions, please contact your agent or Coverys.**