Dear	Doctor:

This letter is to inform you that as a New Jersey policyholder we are required to offer you an option regarding the modification of the consent to settle provision in your contract. Please refer to Section II. ADDITIONAL BENEFITS, Subparagraph A in your contract to familiarize yourself with this provision. Your options are as follows: (1) You can renew your policy with no amendment to this Section of the contract, or (2) You can choose to have the enclosed endorsement, "Amend Consent to Settle", added to your policy. This essentially removes the consent to settle clause in your policy. If you choose this option, you will receive a 1% discount.

Please check one only:	
() I choose not to amend Section II. ADDITION	ONAL BENEFITS, subparagraph A.
() I elect to have the "Amend Consent To Setwill be receiving a 1% discount.	tle" endorsement added to my policy and
Upon completion, please sign and date this lette application.	r and send it to us with your renewal
Signature of Insured	Date
Sincerely,	
American Professional Agency, Inc.	
DAR-consent	