

- () Darwin National Assurance Company
- () Darwin Select Insurance Company

C/O American Professional Agency, Inc.
95 Broadway
Amityville, NY 11701

Name: _____

Account #: _____

Date: _____

RE: Request For Extended Reporting Period Endorsement For
Death, Permanent Disability or Permanent Retirement

Dear Sir/Madam:

I am notifying you that I elect to have the extended reporting endorsement for my professional liability policy _____ and have enclosed the required proof of death, permanent disability or permanent retirement.

I have questioned all Insured's, including myself, and attest that during the last five years none of the Insured's have engaged in or ever been engaged in any sexual misconduct with any current or former patients or any current or former patient's spouse or any person with a direct relationship to the patient or former patient (for example a guardian, blood relative of the patient or spouse or any person sharing the patient's domicile).

We understand that sexual misconduct means any actual or alleged erotic physical contact or attempt thereat or proposal thereof.

Please issue the endorsement after approving the necessary forms.

Signature _____ Date _____

Address _____

In the event of death, we require the signature of an authorized representative of the deceased.

Authorized Representative

Print Name and Capacity/Title