

- () 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

I wish to purchase the Extended Reporting Period Endorsement for Policy # _____ and have enclosed the additional premium of \$ _____ as required.

Signature

Date

DAR-101A Tail Form