

- () Allied World Insurance Company
- () Darwin National Assurance Company

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

Name: _____

Account #: _____

Date: _____

RE: Request For Extended Reporting Period Endorsement

Dear Sir/Madam:

I wish to obtain the Unlimited Extended Reporting Period Endorsement for Policy # _____ at no charge due to 10 years of consecutive coverage.

For your underwriting purposes:

“I HEREBY WARRANT THAT THERE HAS NOT BEEN A PROFESSIONAL LIABILITY CLAIM OR SUIT FILED AGAINST THE INSURED (S) IN THE LAST TEN YEARS”.

Signature _____

Date _____