

**EXTENDED REPORTING PERIOD ENDORSEMENT COVERAGE REFUSAL**

I understand that if I do/did not purchase the Extended Reporting Period Endorsement that all the coverage afforded on the above indicated policy under prior claims-made policies will terminate and that I will be uninsured for the Period that prior policies existed.

Furthermore, I understand there will be a gap in my insurance coverage. This has been explained to me by representatives at the American Professional Agency, Inc., but I still chose not to purchase the Extended Reporting Period Endorsement.

Name of Insured: \_\_\_\_\_  
(Please Print)

Signature of Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Date: \_\_\_\_\_