



Rolling Retro Form

Policy Holder Name: _____

Policy #: _____

It is agreed that ____ relinquishes any and all rights to professional liability coverage for **Professional Services** rendered during the period of _____ and _____ with regards to Policy # _____.

Initial here: _____

It is further agreed that a **New Policy**, if issued, will only cover **Professional Services** rendered from _____ to _____, provided the premium is paid in full and is subject to the terms and conditions and exclusions of the new Policy. To the extent a new Policy is issued, the Retroactive Date is _____.

Initial here: _____

Signature: _____

Print Name: _____

Date: _____