



Waiver of Prior Acts Coverage, DPLRRG

This form must be completed ONLY if you are requesting 1st year/no prior acts coverage.

“Prior Acts” are defined as Adverse Events occurring prior to the Retroactive Date listed in Item 4 of Declarations, or by Endorsement, to the Policy you are purchasing from Doctors Professional Liability, RRG

Please check ONE of the following, and sign below:

- I was previously insured under a claims-made policy and acknowledge the need to purchase tail coverage (reporting endorsement) from my previous carrier. I acknowledge that my failure to purchase such coverage from my previous carrier will result in an uninsured exposure for Prior Acts. I understand that the policy which I am purchasing from Doctors Professional Liability, RRG will not provide Prior Acts coverage.
- I was previously insured under an occurrence policy and all Prior Acts will therefore be covered by my previous carrier. I acknowledge that the Policy I am purchasing from Doctors Professional Liability, RRG will not, in any event, provide coverage for Prior Acts, including, but not limited to, Prior Acts for which my previous carrier declines to provide coverage for, for any reason whatsoever.
- I was previously uninsured, and acknowledge that an uninsured exposure for Prior Acts may therefore exist. I acknowledge that the policy which I am purchasing from Doctors Professional Liability, RRG will not provide Prior Acts coverage.

Signature

Date

Printed Name