



Rolling Retro Form

Policy Holder Name: _____

Policy #: _____

IT IS AGREED THAT _____ RELINQUISHES ANY AND ALL RIGHTS TO PROFESSIONAL LIABILITY COVERAGES FOR THE PERIOD _____ TO _____, RETROACTIVE TO _____ WITH REGARDS TO THE ABOVE NOTED POLICY # _____ AND AGREES TO RESCIND ALL COVERAGE, EFFECTIVE 12:01a.m. _____.

Initial here: _____

IT IS FURTHER AGREED THAT A NEW POLICY, IF ISSUED, WILL ONLY COVER THE RENDERING OR FAILURE TO RENDER PROFESSIONAL SERVICES FROM _____ TO _____, RETROACTIVE TO _____, PROVIDING THE PREMIUM IS PAID IN FULL AND IS SUBJECT TO THE TERMS, CONDITIONS AND EXCLUSIONS OF THE NEW POLICY.

Initial here: _____

LAST, THE NAMED INSURED _____ AGREES WITH THE COMPANY, DPL RRG, THAT ANY EXTENDED REPORTING PERIOD AND/OR ENDORSEMENT FROM THE RESCINDED POLICY # _____ IS HEREBY NULL AND VOID.

Initial here: _____

Signature: _____

Print Name: _____

Title: _____

Address: _____

Telephone: _____

Date: _____

Witnessed By: **X** _____