

COPIC Insurance Company
Attn: Underwriting

Re: Professional liability coverage

To Whom It May Concern:

Please accept this as an attachment to the COPIC Insurance application for Medical Professional Liability coverage that I completed/signed on_____.

With respect to Professional Liability Insurance History, I am not requesting that COPIC cover me for actions prior to my effective date on the above stated application.

- ☐ **I intend to purchase tail coverage from my previous/current carrier for actions that occurred prior to my effective date with COPIC.**
- ☐ **I have an occurrence policy and do not require tail coverage.**
- ☐ **Other**_____

The malpractice coverage that I am seeking from COPIC will cover my exposure from the effective date on the above stated application and forward. I understand that this coverage will not extend to my previous practice exposure.

In addition to this, I understand that COPIC will write my coverage on a claims-made basis. Therefore, when the coverage is cancelled, I will be offered the Extended Reporting Period Option (Tail Coverage).

Signed,

Signature

Date

Printed Name