



## Professional Liability Insurance Coverage Acceptance Form

This is a claims made and noticed **Policy**. The **Policy** is non-assessable. The limits of liability are inclusive of **Defense Costs** unless otherwise noted in #11 of the Quotation for Coverage.

There may be a **Deductible** per claim and the **Deductible** includes **Defense Costs**.

Corporate and/or partnership coverages, if expressly included, are a shared limit, not a separate limit of liability, unless otherwise stated.

In order for CARE Risk Retention Group, Inc. ("CARE RRG") to issue a medical malpractice liability policy, the **Primary Insured** must be a member of CARE Professional Liability Association, LLC ("CPLA"). CPLA is the 100% owner of CARE RRG and is non-assessable.

The **Primary Insured** remains a member of CPLA as long as he/she is an insured of CARE RRG.

Payment is due upon receipt of the CARE invoice or based on the terms of the CARE Installment Agreement.

The capital contribution, which is equal to 20% of the highest mature base premium, and the association dues are nonrefundable.

Upon underwriting approval, the **Policy** will be issued within 60 days of the effective date; subject to receipt of all requested original documents. Please read the **Policy** carefully as it may differ from coverage you have requested or other coverage with which you may be familiar.

Notices of **Claims** and/or **Occurrences** must be provided immediately and without delay.

If coverage is desired, please acknowledge by signing below.

**X**

\_\_\_\_\_  
**Signature**

**0**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Date Signed**

This acknowledgement shall be incorporated into and become part of the issued **Policy**, even if not physically attached thereto.