



LANCET INDEMNITY
"THE INSURANCE COMPANY PHYSICIANS TRUST"

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

WAIVER OF PRIOR ACTS COVERAGE
Lancet Indemnity, RRG

I acknowledge the need to purchase tail coverage (reporting endorsement) from my previous carrier where I was insured under a claims-made policy. I realize that my failure to purchase such coverage from my previous carrier will result in an uninsured exposure while insured by my previous carrier's policy. I understand that the policy which I am purchasing from Lancet Indemnity, RRG will not provide prior acts coverage.

Signature

Printed Name

Date

LI (11/09)