



DECLARATION OF RETIREMENT

NAMED INSURED: _____

POLICY NUMBER: _____ SS NUMBER: _____

RETIREMENT/CANCELLATION DATE: _____

I am completely and permanently retiring from the practice of medicine for compensation during the policy period of my current professional liability insurance policy with The Doctors Company. I am cancelling my coverage effective 12:01 am on the retirement/cancellation date above.

Before that date, I will have notified my patients or referring physicians in writing of my retirement. I will not engage in the practice of medicine for compensation on or after that date.

I understand that under The Doctors Company's Extended Reporting Endorsement Retirement Benefit, the premium for my extended reporting endorsement (tail coverage) will be waived. I attest that I meet all of the following qualifications required for this benefit:

1. I will completely and permanently retire from the practice of medicine which is defined as the diagnosis, treatment, care or consultation regarding a patient's medical condition for compensation; and
2. I have been continuously insured with The Doctors Company (including its subsidiaries), for the five years preceding the retirement/cancellation date above.

If I choose to return to the practice of medicine for compensation, I agree that I will notify The Doctors Company of my decision in advance of my return date, and I will pay the applicable premium in order to keep the Extended Reporting Endorsement in effect.

I acknowledge that my medical professional liability insurance policy with The Doctors Company is a claims-made policy, and that there is no coverage for any claim resulting from any act or omission that takes place after the termination of my policy.

If I am a member insured under a group policy, I understand that any unearned premium will be returned to the group.

By signing below, the member and administrator (if a group member) acknowledge that he or she:

*Is authorized to cancel this coverage

*Understands that the request to cancel coverage is binding on both you and us.

I have read the insurance fraud warning for my state at the end of this declaration, and I understand that this declaration is incorporated into and is a part of my claims-made medical professional liability insurance policy with The Doctors Company.

Signature of member

**Signature of group administrator
(if leaving a group policy)**

Print or type name

Print or type name

Date

Date

Permanent or New Address Mailing Address:

Name

Email Address:

Street address

City, State, Zip code

New Phone Number:

NOTE: Please include a copy of the retirement letter you have sent or will be sending to your patients/referring physicians.

INSURANCE FRAUD WARNING

COLORADO

"It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies."

DISTRICT OF COLUMBIA

"WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

FLORIDA

"Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

KENTUCKY

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime."

LOUISIANA

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

MAINE

"It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits."

MARYLAND

"Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

MISSOURI

"An insurance company or its agent or representative may not ask an applicant or policyholder to divulge in a written application or otherwise whether any insurer has canceled or refused to renew or issue to the applicant or policyholder a policy of insurance. If a question of this nature appears in this application, you should not respond."

NEW JERSEY

"Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

NEW MEXICO

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may subject to civil fines and criminal penalties."

NEW YORK

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

NOTE: The fraud warning statements must be placed immediately above the space provided for the signature of the person executing the application.

OHIO

"Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

OKLAHOMA

"WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony." The absence of such a statement shall not constitute a defense in any prosecution."

PENNSYLVANIA

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

TENNESSEE

"It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

VIRGINIA

"It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits and civil damages."

WEST VIRGINIA

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."