

AFFIDAVIT

The undersigned hereby makes oath that he/she is _____ years of age; that he/she is a physician licensed to practice in _____(state) and that he/she has a policy of professional liability insurance issued by First Professionals Insurance Company, policy number _____.

The said undersigned does further make oath that he/she is retiring or did retire from the practice of medicine effective on _____; and that he/she is aware of the provision set forth in the said policy (that you fully retire from the practice of medicine); that he/she after such date has not engaged or will not engage in the practice of medicine.

The said undersigned does further make oath that he/she makes this affidavit and the representations herein set forth for the purpose of inducing First Professionals Insurance Company to issue a Reporting Endorsement ("tail" coverage) to the undersigned at no additional premium charge.

The undersigned, still further, makes oath that he/she has read this affidavit and is delivering it to the Company for the purposes herein above stated.

SIGNATURE

Sworn to and subscribed before me this _____ day of _____, 20____.

NOTARY PUBLIC

My Commission Expires: _____