

ASSIGNMENT OF ANY RETURN PREMIUM

This section should be completed if the premium for this insurance is paid by someone other than the Applicant.

If the premium for this insurance has been paid and the policy is later cancelled or otherwise changed, any refund of premium that results from such cancellation or change should be assigned to:

Name of the Payor: _____
(employer or other person or entity to whom any refund check should be made payable)

The Payor agrees to pay any premium for the professional liability insurance policy applied for and any renewal or replacement of it. The Applicant for this insurance assigns any and all rights to receive any refund of premium in excess of that earned by Positive Physicians Insurance Exchange for this insurance to the Payor named above. The Applicant appoints Payor or Payor's successors or assigns as Applicant's Attorney-in-Fact with full authority to cancel or amend the insurance policy applied for and to execute or receive any document, instrument, payment or notice of any kind relating to the insurance policy, except with respect to giving or withholding consent to settle claim or suit as may be provided in the insurance policy applied for.

No other interest in the insurance applied for may be assigned by any party without the written consent of Positive Physicians Insurance Exchange.

This assignment will remain in effect unless both Payor and Applicant agree in writing to its termination.

Applicant's Signature: _____ **Date:** _____

TAIL COVERAGE

This section should be completed if the Applicant purchases a claims-made policy.

If the claims-made professional liability insurance policy is cancelled or non-renewed, the Applicant agrees that the following person or entity is designated as the responsible party for the purchase of a tail policy for the Applicant.

Name of Responsible Party: _____

Address of the Responsible Party: _____

Phone Number of the Responsible Party: _____

Fax Number of the Responsible Party: _____

The Applicant also agrees and understands that if a tail policy is not purchased upon cancellation or non-renewal of the policy, and prior-acts coverage is not purchased from their next carrier, the Applicant could be considered to be in non-compliance with licensure regulations.

Applicant's Signature: _____ **Date:** _____