



**DOCTORS'
ARMOR**
by Physicians Indemnity

**STATEMENT OF ELIGIBILITY
Extended Reporting Period Coverage**

Policyholder: _____
 Policy Number: _____
 Liability Limits: _____

I, _____, hereby confirm that above-referenced policyholder is eligible for the Extended Reporting Period endorsement offered by Physicians Indemnity Risk Retention Group ("PIRRG") at no additional premium pursuant to the following:

- _____ **Permanent disability preventing the practice of medicine.**
(NOTE: Permanent disability shall be defined by the Social Security Administration and/or Medicare)
- _____ **Retirement from the practice of medicine.** (NOTE: must be 55 years or older and been insured with PIRRG for more than one year at a mature premium rate immediately before retirement)
- _____ **Death.** (Please provide a copy of the death certificate)

I understand that should the Policyholder return to the practice of medicine, PIRRG must be immediately notified, in writing.

I further understand that should a claim(s) be reported to PIRRG and it is discovered that the Policyholder has been practicing medicine, no coverage will apply to the claim(s).

Dated this _____ day of _____, 201____.

 Witness

 Signature

Printed: _____