# MUST BE ON PHYSICIAN'S LETTERHEAD

RE: CHANGE IN INCEPTION DATE

TO WHOM IT MAY CONCERN:

IT IS NOTED AND AGREED BETWEEN THE PROPOSED COVERED PRACTITIONER(S) _____ AND PBS INSURANCE UNDERWRITING CORPORATION AND AFFILIATES, PROPOSED CARRIER FOR COVERAGE, RISK PURCHASING GROUP(S) AND/OR RISK RETENTION GROUP(S) AT THE REQUEST OF THE PRACTITIONER(S), HAS AGREED TO PERMIT THE ORIGINAL INCEPTION DATE TO BE CHANGED TO THE CURRENT POLICY DATES OF _____.

THE PRACTITIONER(S) ACKNOWLEDGES THAT BY CHANGING THE ORIGINAL INCEPTION DATE OF COVERAGE, ANY CLAIMS ARISING DURING THE NEW POLICY PERIOD WHICH RESULT FROM MEDICAL INCIDENTS, ACTUAL CLAIMS KNOWN AND NOT DISCLOSED WHICH OCCURRED PRIOR TO THE NEW ORIGINAL INCEPTION DATE OF _____ AND AFTER THE PREVIOUS RETROACTIVE DATE ARE NOT COVERED.

THE PRACTITIONER(S) FURTHER ACKNOWLEDGES THAT THE CARRIER, PBS INSURANCE UNDERWRITING CORPORATION AND AFFILIATES, RISK PURCHASING GROUP AND/OR RISK RETENTION GROUP HAS CHARGED THE APPROPRIATE PREMIUM REFLECTING IN EXPOSURE TO THE CARRIER.

IF THIS IS A RENEWAL TO THE PRACTITIONER(S) THROUGH THE SAME RENEWING CARRIER AND THROUGH ANY PBS INSURANCE UNDERWRITING CORPORATION, AND AFFILIATES, RISK PURCHASING GROUP AND/OR RISK RETENTION GROUP, THEN THE CHANGE IN ORIGINAL INCEPTION DATE AT RENEWAL IN NO WAY AFFECTS CLAIMS WHICH MAY HAVE BEEN REPORTED TO THE CARRIER PRIOR TO THE RENEWAL DATE (PRACTITIONER MUST READ HIS/HER INDIVIDUAL POLICY FOR EXACT COVERAGE).

IN WITNESS TO HIS/HER CLEAR UNDERSTANDING OF THE CONSEQUENCES OF CHANGING THE ORIGINAL INCEPTION DATE OF COVERAGE, THE PRACTITIONER(S) SIGNS BELOW.

IN WITNESS WHEREOF THE PRACTITIONER(S) HAS CAUSED THE CHANGE IN COVERAGE TO BE SIGNED BY ITS DULY AUTHORIZED REPRESENTATIVE.

BY _____M.D. DATE_____

NOTARY & SEAL

Print Name:_____
Signature: _____
Address:_____
Telephone: _____

- PRACTITIONER(S) NOTES UPON SIGNING THAT COVERAGE IS A FIRST YEAR CLAIMS MADE POLICY.
- THIS CHANGE IN INCEPTION DATE STATEMENT WILL BECOME PART OF HIS/HER RECORD.
- THIS FORM WILL BECOME PART OF THE POLICY.