



Extended Reporting Period (ERP) Enrollment Form

Your insurance is written on a claims-made and reported basis. Except to such extent as may be otherwise provided in the master policy, coverage is limited to liability only for those Claims that are first made against the Insured and reported to the Company during the Individual Policy Period or any applicable extended reporting period. No coverage exists for claims first made against the insured before the beginning or after the end of the Individual policy period or any applicable automatic extended reporting period. Upon cancellation or non-renewal of your claims-made policy, an Optional Extended Reporting Period Endorsement is available from your insurer.

Optional Extended Reporting Period Coverage, commonly known as (Tail Coverage), may be purchased to endorse the policy to apply to Claims first made and reported up to three (3) years after the effective date of the cancellation or non-renewal so long as the negligent act, error or omission is committed subsequent to the Retroactive Date and prior to the effective date of cancellation or non-renewal. Tail Coverage can only be purchased within ninety (90) days after the effective date of the cancellation or non-renewal. Tail Coverage is important because so many professional liability Claims are not made until months after the subject transaction occurs, and some may even be made years after the transaction.

Consider carefully the transactions in which you have recently had involvement. Even if your policy was active while you were working on the transaction, if a claim is brought against you after you have let your coverage lapse, it will not be covered. Purchasing the Optional Extended Reporting Period Coverage is the best way to protect yourself against Claims that may arise after the cancellation or non-renewal of your policy.

Please contact us to obtain the pricing for the Extended Reporting Period Coverage Endorsement to your expiring policy at (502) 897-1876, ext 1.

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To purchase an Optional Extended Reporting Period Endorsement, please select your desired ERP term and return this form along with the premium due to Rice Insurance Services Company, LLC, P.O. Box 6709, Louisville, KY 40206-0709.

Name: _____ Policy Number: _____

Firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Last 4 of SSN #: _____ License #: _____ Email: _____

Phone #: _____ Fax#: _____

The premium for the Optional Extended Reporting Period Endorsement will be fully earned and is determined as shown below:

Municipal Tax Location: _____ Tax Rate: ___%

Select One Optional Extended Reporting Period Term

<input type="checkbox"/>	One Year ERP Endorsement (100% of the expiring Annual Premium + applicable taxes) Coverage Dates:	\$	Premium Municipal Tax Kentucky Surcharge (1.8%)
		\$	Total Due

<input type="checkbox"/>	Two Year ERP Endorsement (100% of the expiring Annual Premium + applicable taxes) Coverage Dates:	\$	Premium Municipal Tax Kentucky Surcharge (1.8%)
		\$	Total Due

<input type="checkbox"/>	Three Year ERP Endorsement (200% of the expiring Annual Premium + applicable taxes) Coverage Dates:	\$	Premium Municipal Tax Kentucky Surcharge
		\$	Total Due

Signature: _____

Date: _____