



First Professionals Insurance Company

LOCUM TENENS ACKNOWLEDGEMENT

Period of Coverage: From _____ Through _____

OPTION 1

This option is only available in situations where a locum tenens physician is replacing an insured physician who will not be otherwise practicing during the locum tenens period.

Name me as an additional insured on Policy Number _____ with no premium charge. I understand that the following limitations apply:

- a. There is no additional limit of liability for the period of locum tenens coverage. If a claim is brought against me and the physician I am replacing, it will be subject to one policy limit for the combined liability.
- b. No separate Extended Reporting Period coverage (tail) is available for me. As long as the above policy is active, claims may be reported for this period of temporary coverage. If the policy is ever canceled and 'tail' is not purchased by the policyholder, no further claims will be covered.

Date	Signature of Insured	Signature of Replacement Physician
	(Please print name)	(Please print name)

OPTION 2

This option is available in situations where a locum tenens physician is temporarily practicing with or replacing a current FPIC insured. Issue an individual short-term policy and include Extended Reporting Coverage (tail). I understand that this policy will be subject to pro-rated premium and "tail" charges, based on standard rates.

Date	Signature of Insured	Signature of Replacement Physician
	(Please print name)	(Please print name)