

DECLARATIONS

**MT. HAWLEY INSURANCE COMPANY
(herein called the Company)**

Medical Professional Liability Policy

THIS IS A CLAIMS-MADE POLICY

Coverage under this policy is limited to **Claims** first made arising out of the rendering of or failure to render **Medical Professional Services** subsequent to the **Retroactive Date** and prior to the **Expiration Date** stated in the policy, and reported to the **Company** in writing during the policy period or any applicable **Extended Reporting Period**.

Words and phrases that appear in bold type have special meaning under this policy. Please refer to Article VI. DEFINITIONS of the policy.

ITEM 1. Named Insured:

«Named_Insured»

ITEM 2. Named Insured's Mailing Address:

«Insured_Address»

«Insured_City_ST_Zip»

ITEM 3. Medical Specialty/Business Description:

ITEM 4. Policy Period:

From «Effective_Date» ("**Inception Date**") To «Expiration_Date» ("**Expiration Date**")
at 12:01 A.M. Standard Time at the Named Insured's mailing address shown above.

ITEM 5. **Retroactive Date:**

«Retroactive_Date»

ITEM 6. Limits of Liability:

\$«Per_Loss_Limit» Per **Loss Event** /«Per_Physician_Aggregate» \$«Policy_Aggregate» Policy Aggregate

ITEM 7. Deductible:

\$«Deductible» Per **Loss Event** («Deduct_CombinedExp_OnlyInd_Only»)

ITEM 8. Premium Payable to **Company:** \$ «Gross_Premium»

Subject to a 25% minimum earned charge in the event of cancellation by the Named Insured.

Policy No. «Policy_Number»

ITEM 9. **Company** Address:

Mt. Hawley Insurance Company
9025 N Lindbergh Drive
Peoria, IL, 61615

ITEM 10. Agent:

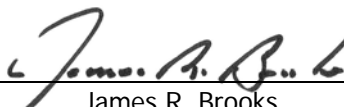
«Broker_Company_Name»
«Broker_Address1»
«Broker_Address2»
«Broker_City_ST_Zip»

ITEM 11. Forms and Endorsements made a part of this policy at time of issuance:

ITEM 12. All **Claims** must be reported to:

Attn: Claim Department
Mt. Hawley Insurance Company
9025 North Lindbergh Drive
Peoria, IL 61615-1431
Fax: 1-866-692-6796
E-Mail: new.claim@rlicorp.com

Countersigned: April 2, 2013
Date

By: 
James R. Brooks