



**Acknowledgement of
Waiver of
Insured's Consent to Settle**

**PHYSICIANS AND SURGEONS
CLAIMS-MADE COVERAGE**

**NOTE:
THIS STATEMENT MUST BE SIGNED BY EACH APPLICANT AND
RETURNED WITH THE COMPLETED APPLICATION.**

**ANY INSURED ADDED TO THE POLICY MID-TERM MUST ALSO SIGN
THIS STATEMENT.**

The signature below confirms that the undersigned acknowledges, understands and accepts the Company's right to settle any claim as we deem expedient without any insured's consent.

For the provision to be valid on any issued policy, all applicants and insureds must sign.

This document becomes part of the application for professional liability insurance. This statement is a representation, is deemed material, and the policy is issued in reliance upon the truth of such representation.

Signature of Applicant/Insured

Date

Printed Name of Applicant/Insured