



Insured Request for Advancement of Retroactive Date

I hereby request that the Retroactive Date of my upcoming renewal Policy with TDC Specialty Insurance Company be advanced so that the Retroactive Date is the same as the Effective Date of the renewal Policy.

I fully acknowledge and understand that by advancing the Retroactive Date, the renewal Policy of insurance that I purchase from TDC Specialty Insurance Company will not include Retroactive Coverage and I understand that the Effective Date of coverage will be _____ and the Retroactive Date will be _____.

I understand that advancing the Retroactive Date of this Policy will result in an uninsured exposure for any Claims or Suits that may arise in the future as a result of Professional Services which occurred or began prior to _____. I understand that the renewal Policy will not provide any defense or indemnification for any uncovered Claims or Suits that arise as a result of my request to advance the Retroactive Date of that Policy.

I acknowledge that TDC Specialty Insurance Company has offered to insure me at higher premium amounts which would have included full Retroactive Coverage with a Retroactive Date of _____.

I further understand that the recommendation of TDC Specialty Insurance Company and my insurance broker is to retain the original Retroactive Date. In order to reduce my premium, I have decided, with full knowledge of the potential negative and personal exposure, to not obtain Retroactive Coverage and I agree to fully hold TDC Specialty Insurance Company and my broker harmless for any financial loss that may result from my decision.

SIGNATURE AND AUTHORIZATION

The undersigned, as authorized agent of all individuals and entities proposed for this insurance, represents that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Insured Request for Advancement of Retroactive Date are true and complete.

The notices, conditions, representations and authorizations contained in the Application submitted by or on behalf of the Applicant for the proposed insurance, are incorporated into and apply to this Insured Request for Advancement of Retroactive Date.

Applicant Name	
By (Authorized Signature)	
Name/Title	
Date	