# PSYCHIATRISTS PROFESSIONAL LIABILITY INSURANCE POLICY CLAIMS-MADE

This is a “**Claims Made Policy**” which applies only to **damages** from **claims** first made during the **policy period** provided that such **claim** was caused by an act or omission committed after the **retroactive date** of the policy and before the expiration or termination date of the policy; and provided that all terms and conditions of this policy are satisfied.

The **First Named Insured** indicated in Item 1 of the DECLARATIONS is authorized by policy terms and conditions to act on behalf of all **Insureds** for various duties and obligations. References to the responsibilities may be found in Section I B. Defense and Settlement, Section VI Extended Claim Reporting Period Coverage and Section VII Conditions A, D, H and O.

# STATE AMENDED NOTICE

* The insurance coverage provided by The Psychiatrists’ Program is available exclusively through Psychiatrists’ Purchasing Group, Inc.

Psychiatrists’ Purchasing Group, Inc. is a nonprofit corporation organized under the laws of Delaware that operates as a “risk purchasing group” as defined in the federal Liability Risk Retention Act of 1986 (15 U.S.C §3901 et. seq.). Membership in Psychiatrists’ Purchasing Group, Inc. terminates upon the termination of insurance coverage.

Psychiatrists’ Purchasing Group, Inc. is not an insurance broker, and is not a provider of insurance coverage.

* Section III, Part F., of the policy states. . . . . .

In the event **Sexual Misconduct** is alleged against an **Insured** at anytime, either in a complaint, during discovery, at trial, or otherwise, any and all causes of action alleged or arising out of the same or related courses of **Psychiatric Services** shall be subject to the company's sublimit of liability stated in Item 4 (ii) of the Declarations. The total limit of the Company's liability under this policy for all **Damages** arising out of such **Claim** shall not exceed the foregoing sublimit and the company shall have no obligation to undertake the defense of, nor continue to defend, any **Suit** or **Claim** after such limit has been exhausted.

* **Notices to the Company of policy changes and claims should be directed to:**

Claims Department

1515 Wilson Boulevard, Suite 800

Arlington, Virginia 22209-2402 703/907-3800 or 800/245-3333

* Condition D of the policy requires that the Company be notified of a change in the practice of a

**Named Insured** within 30 days of such change.

* Condition O of the policy incorporates the application for coverage in the policy and stipulates that the company may exclude coverage for any material misrepresentation.
* Upon termination of the policy an Extended Claim Reporting Period Endorsement may be requested in accord with the provisions of Section II of the policy.

# Please read the policy carefully.