

(Please copy onto the firm's letterhead)

NOTICE OF ACCEPTANCE LETTER

I/we accept terms for Lawyers Professional Liability Insurance as indicated below from **(check one of the following)**:

- Twin City Fire Insurance Company**
- Property and Casualty Insurance Company of Hartford (New York Only)**

Limits of Liability: _____/_____

Deductible: _____

Premium: _____

Effective Date: _____

Retroactive Date: _____

I/We understand that the coverage and premium offered was based on the information contained in the application of _____(Insurer) that was completed and signed on _____(Date). The statements and information set forth in the application and supplements are true, complete and accurate as of the date below. I/We acknowledge and agree that the "Company" referred to in the application shall be the Company indicated above. The warranties/representations, duties, and obligations of all parties remain unaffected. I/We agree that the application and supplements shall become the basis of any coverage that may be issued by the insurer indicated above.

This letter also acknowledges that, after inquiry, I/we am/are not aware of any claims and/or circumstances, acts, errors or omissions that could result in a professional liability claim since completion of my/our last application and supplements.

(Firm Name)

(Signature of Owner, Officer or Partner)

(Date)