



OPTIONAL LEGAL DEFENSE REIMBURSEMENT COVERAGE

Fairway Physicians Insurance Company is offering you the option to purchase Legal Defense Reimbursement coverage. This coverage pays the legal cost to defend a physician before the state Medical Review Board in a civil investigation and/or formal disciplinary action. This includes attorney fees, expert witness fees and other related expenses. This coverage does not apply to fines, penalties or settlements.

This coverage is for the named insured physician only (none of your employees or contractors).

Please indicate the limits of coverage you desire:

___ \$10,000 per claim limit / \$25,000 aggregate limit

___ \$25,000 per claim limit / \$25,000 aggregate limit

___ \$50,000 per claim limit / \$50,000 aggregate limit

This letter shall also serve to warrant that the **Insured**, including its directors and officers and any other entity or individual proposed to be insured with **Fairway**, have no knowledge or information of any act, omission, fact or circumstance which may give rise to a claim under the **Policy**.

Name of Applicant (Please Print)

Signature of Applicant

____/____/____
Date