

FLORIDA DOCTORS INSURANCE COMPANY  
LOCUM TENENS ACKNOWLEDGEMENT

Replacement Period: From: \_\_\_\_\_ **AM/PM**  
Through: \_\_\_\_\_ **AM/PM**

**This coverage is only available in situations where a locum tenens physician is replacing an insured physician who will not be otherwise practicing during the locum tenens period.**

With respect to the replacement period stated above, please name me as an insured on Policy Number\_\_\_\_\_. I understand that the following limitations apply:

- a. There is no additional limit of liability for the period of locum tenens coverage. If a claim is brought against me and the insured physician I am replacing, it will be subject to one policy limit for the combined liability.
- b. There is no separate Extended Reporting Period coverage (tail) available for me. As long as the above policy is active, claims may be reported for this period of temporary replacement coverage. If the policy is ever canceled and 'tail' is not purchased by the policyholder, no further claims will be covered.
- c. There is no additional premium charge for this coverage.

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Date	Signature of Insured	Signature of Replacement Physician
	Printed Name of Insured	Printed Name of Replacement Physician