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CONSENT OPTION

Physicians' Reciprocal Insurers has obtained Insurance Department approval of a 5% premium reduction for policy holders who opt to forego the customary consent to settle any claim.

Please indicate by checking the appropriate box below, the option that you wish.

"NO CONSENT" OPTION

I hereby authorize PRI to act on my behalf to settle any claims reported, or to appeal any judgment against me without first obtaining my written consent.

"CONSENT" OPTION

I wish to maintain the terms of the policy which under Part 4 currently requires PRI to obtain my written consent prior to settling any claim on my behalf or appealing any judgment on my behalf.

Signed: _____

Date: _____

Print Name: _____

Policy Number (*if known*): _____