

BROKER OF RECORD NOTICE

Please be advised that _____, an insured/member of Physicians Professional Indemnity Association, Policy Number(s) _____, will no longer be utilizing the services of _____ as the producer/agent of record, and requests:

- () the policy be serviced directly by Physicians Professional Indemnity Association.

- () that _____ be denoted as the Producer of Record.

Signed

Dated