



**DOCTORS'
ARMOR**
by Physicians Indemnity

Part-Time Declaration

State of _____

Policy No: _____

County of _____

I, _____, an applicant for professional liability insurance with Physicians Indemnity Risk Retention Group (PIRRG), declare that beginning _____ (date part-time hours began) I will be practicing _____ hours per week (including hospital hours, paperwork, patient consulting and exams).

My declaration is made this _____ day of _____, 201____.

Insured - Signature

Insured – Printed Name