

ACADEMIC MEDICAL PROFESSIONAL INSURANCE EXCHANGE
RRG

Release of Use of Personal Information

I acknowledge that, as an applicant for insurance through Exchange, I will be submitting personal information (“Personal Information”) to AHPIA Solutions, Inc. (“Solutions”), Attorney-in-Fact to Exchange, in conjunction with my application. I understand that Solutions will use my Personal Information solely for the purposes of underwriting. In addition, I understand that Solutions may disclose my Personal Information to Exchange or to Solutions’ or Exchange’s agents, employees, independent investigators, reinsurers, European underwriters and insureds, solely for the purposes of underwriting, and that any or all of those parties may use my Personal Information solely for the purposes of underwriting. I consent to any and all use of my Personal Information by Solutions and Exchange and their agents, employees, independent investigators, reinsurers, European underwriters and insureds for the purposes of underwriting and agree to hold harmless Solutions and Exchange and their agents, employees, independent investigators, reinsurers, European underwriters and insureds for any and all claims or damages arising from the use of my Personal Information.

Agent/officer

Signature

Date