



## *Professional Liability Insurance*

**CLAIM OFFICE:**

**Mail claims to:**  
945 E. Paces Ferry Rd.  
Suite 1800  
Atlanta, GA 30326-1160

**Fax claims to:**  
(404) 231-3755  
(Attn: Claims Department)

**Email claims to:**  
[reportclaims@rsui.com](mailto:reportclaims@rsui.com)



NO FLAT CANCELLATION

PROFESSIONAL LIABILITY POLICY DECLARATIONS  
(Claims-Made and Reported Form)

Landmark American Insurance Company

(A New Hampshire Stock Co.)  
(hereinafter called "the Company")

EXECUTIVE OFFICES: 945 East Paces Ferry Road, Suite 1800, Atlanta, GA 30326

Policy Number: LHM863357

RENEWAL: LHM854444

Named Insured and Mailing Address:  
ASSOCIATION OF RINGSIDE PHYSICIANS  
C/O LOUIS DURKING, MD  
436 PINWOOD DR  
LONGMEADOW, MA 01106

Producer Name:

Policy Period: From: 1/1/2025 To: 1/1/2026 at 12:01 A.M. Standard Time at the Named Insured address as stated herein.

IN CONSIDERATION OF THE PAYMENT OF THE PREMIUM, IN RELIANCE UPON THE STATEMENTS HEREIN OR ATTACHED HERETO, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, THE COMPANY AGREES WITH THE NAMED INSURED AS FOLLOWS:

- 1. **NAMED INSURED'S PROFESSIONAL SERVICES:** PHYSICIAN SERVICES PROVIDED AT COMBAT SPORTING EVENTS.
- 2. **LIMITS OF LIABILITY:**
  - \$ 500,000 **Each Claim**
  - \$ 1,000,000 **Aggregate Limit**
- 3. **DEDUCTIBLE:** \$ 10,000 **Each Claim**
- 4. **RETROACTIVE DATE:** 1/1/2023
- 5. **PREMIUM:** \$ 22,500.00 Not Subject to Audit


6. **FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION:**

See attached forms list.

THESE DECLARATIONS TOGETHER WITH A SIGNED COPY OF THE NAME INSURED'S APPLICATION FOR THIS POLICY, COVERAGE FORM(S), FORMS AND ENDORSEMENTS, ISSUED TO FORM PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

**NOTICE:** THIS IS A CLAIMS-MADE AND REPORTED POLICY. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE AFFORDED BY THE POLICY WITH YOUR INSURANCE AGENT OR BROKER.

December 17, 2024  
Date

By:   
Authorized Representative

This policy is insured by a company which is not admitted to transact insurance in the commonwealth, is not supervised by the commissioner of insurance and, in the event of an insolvency of such company, a loss shall not be paid by the Massachusetts Insurers Insolvency Fund under chapter 175D.

SubIdID#: 677397 BinderID#  
Created By: RM

Massachusetts Premium: \$22,500.00  
Fees: \$350.00  
Surplus Lines Tax: \$900.00

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**SCHEDULE OF POLICY ATTACHMENTS AND FORMS**

<u>Form Number</u>	<u>Form Title</u>
RSG 51024 0722	Medical Professional Liability Coverage Form Claims Made and Reported Basis
ENDT-01	Additional Exclusions Endorsement - RSG 56001 0903
ENDT-02	Consent to Settle - Amendment
ENDT-03	Cryptocurrency Exclusion - RSG 56216 0822
ENDT-04	Exclusion - Correctional Medicine - RSG 56203 0321
ENDT-05	Massachusetts Changes - Cancellation and Nonrenewal (Medical) - RSG 53022 0711
ENDT-06	Massachusetts Surplus Lines Disclosure Notice - RSG 99121 0413
ENDT-07	Minimum Retained Premium - RSG 54025 0405
ENDT-08	Nuclear Energy Liability Exclusion - RSG 56058 0903
ENDT-09	Opioid and Controlled Substance Exclusion - RSG 56191 0421
ENDT-10	Physicians, Surgeons or Dentists Endorsement - RSG 54038 0819
ENDT-11	Service Of Suit - RSG 94022 0407
ENDT-12	Violation of Consumer Protection Laws Exclusion - RSG 56121 1222

## MEDICAL PROFESSIONAL LIABILITY COVERAGE FORM CLAIMS MADE AND REPORTED BASIS

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Throughout this document, the word “Insured” means any person or entity qualified as such under **Part I. E. Covered Persons and Entities**. The word “Company” refers to the Company providing the insurance shown on the Declarations.

Other words and phrases that appear in **bold** have special meaning. Refer to **Part III. Definitions**.

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### Part I. Insuring Agreements

#### A. Covered Services

The Company will pay on behalf of the Insured, as shown in the Declarations, all sums that the Insured becomes legally obligated to pay as **Damages** and associated **Claim Expenses** arising out of a negligent act, error or omission, even if such **Claim** is groundless, false or fraudulent, in the rendering of or failure to render professional services as described in the Declarations, provided that the:

1. **Claim** is first made against the Insured during the **Policy Period**, and reported to the Company no later than sixty (60) days after the end of the **Policy Period**;
2. Negligent act, error or omission took place in a covered territory;
3. Negligent act, error or omission took place after the **Retroactive Date** as shown in the Declarations.

#### B. Defense and Settlement

The Company will have the right and duty to defend any **Claim** against an Insured seeking **Damages** to which this policy applies, even if any of the allegations of the **Claim** are groundless, false or fraudulent. The Company’s right and duty to defend any **Claim** shall end when the Company’s Limit of Liability has been exhausted by payment of **Damages** and/or **Claim Expenses**, or has been tendered to the Insured or to a court of competent jurisdiction.

The Company shall not settle any **Claim** without the Insured’s written consent. If, however, the Insured refuses to consent to any settlement recommended by the Company and elects to contest the **Claim**, or continue any legal proceedings in connection with such **Claim**, then the Company’s maximum liability shall be limited to the amount for which the **Claim** could have settled, including the total amount of **Claims Expenses** incurred up to the date of the Insured’s refusal. Such amounts are subject to the provisions of section **C. Policy Limits**.

The Insured shall not admit any liability for or settle any **Claim** or incur any costs, charges or expenses without the written consent of the Company.

The Company shall have the right and the duty to select legal counsel for the defense of a **Claim**. In the event the Insured is entitled by law to select independent counsel to defend the **Claim**, the **Claim Expenses** or other covered costs the Company must pay to that counsel are limited to the rates the Company actually pays to counsel retained by the Company in the defense of similar **Claims** in the community where the **Claim** is being defended. The Company may exercise the right to require that such counsel have experience in defending **Claims** similar to the one pending against the Insured. The Insured agrees that such counsel will comply with the Company’s litigation guidelines and reporting requirements, timely respond to the Company’s requests, and provide information regarding the **Claim** when requested.

#### C. Policy Limits

Regardless of the number of persons or entities insured or included in **Part I. E. Covered Persons and Entities**, or the number of claimants or **Claims** made against the Insured:

1. The maximum liability of the Company for **Damages** and **Claim Expenses** resulting from each **Claim** first made against the Insured during the **Policy Period** and the Extended Reporting Period, if purchased, shall not exceed the amount shown in the Declarations as each **Claim**;
2. The maximum liability of the Company for all **Damages** and **Claim Expenses** as a result of all **Claims** first made against the Insured during the **Policy Period** and the Extended Reporting Period,

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if purchased, shall not exceed the amount shown in the Declarations as Aggregate.

The Company shall not be obligated to pay any **Claim** for **Damages** or defend any **Claim** after the applicable Limit of Liability has been exhausted by payment of judgments, settlements, **Claim Expenses** or any combination thereof. **Claim Expenses** are part of and not in addition to the applicable Limits of Liability. Payment of **Claim Expenses** by the Company reduces the applicable Limits of Liability.

The inclusion of more than one Insured, or the making of **Claims** by more than one person or organization, does not increase the Company's Limit of Liability. All **Claims** arising out of a single negligent act, error or omission, or a series of related negligent acts, errors or omissions by one or more Insureds shall be treated as a single **Claim** for all purposes of this policy. All **Claims** shall be deemed first made when the earliest of such **Claims** is first made, regardless of whether such date is before or during the **Policy Period** and all such **Claims** shall be subject to the same Each Claim Limit of Liability during that **Policy Period**.

#### **D. Deductible Provisions**

The deductible amount as shown in the Declarations shall be paid by the Insured and applies to each **Claim**, and includes **Damages** or **Claim Expenses**, whether or not a loss payment is made. If the deductible amount is initially paid by the Company, the Named Insured shall reimburse the amount paid within thirty (30) days, upon written request of the Company.

#### **E. Covered Persons and Entities**

1. Named Insured as shown in the Declarations, and if the Named Insured is an individual, his or her spouse, or domestic partner, but only with respect to the professional services rendered by or on behalf of the Named Insured;
2. Any present or former principal, partner, officer, director, employee or volunteer worker of the Named Insured, but only as respects professional services rendered on behalf of the Named Insured;
3. Heirs, Executors, Administrators, and in the event of an Insured's death, incapacity or bankruptcy, legal representatives of any Insured, but only with respect to professional services rendered prior to such Insured's death, incapacity or bankruptcy;
4. Any Medical Director while acting within the scope of his/her administrative and supervisory duties for the Named Insured. It is further agreed that coverage does not apply to the Medical Director while acting within his/her capacity as Physician, Surgeon or Dentist in the treatment, or direction of the treatment, of any patient;
5. Any student enrolled in a training program, but only while acting within the scope of their duties as such and under the direct supervision of faculty members or educators of such training program;
6. Any faculty member or educator of a training program, but only while acting within the scope of their duties as such.

#### **F. Covered Territory**

This policy applies to covered **Claims** arising out of negligent act(s), error(s) or omission(s) committed by the Insured anywhere in the world, provided that either the **Claim** or suit is first filed and maintained continuously in the United States of America, its territories or possessions, Puerto Rico or Canada.

#### **G. Extended Reporting Period**

If the policy is not renewed for any reason, or is cancelled for any reason other than for nonpayment of premium or deductible (whether cancelled by the Company or by the Named Insured), the Named Insured as shown on the Declarations, has the right to purchase, within thirty (30) days of policy termination, an extension of the coverage granted by this policy. This reporting period extension shall remain in force for a period of either twelve (12), twenty-four (24), or thirty-six (36) months after the policy terminates, but only for **Claims** resulting from negligent acts, errors or omissions committed before the effective date of the cancellation or nonrenewal, and otherwise covered by this policy. Increased premiums or deductibles or modifications of coverage terms or conditions upon renewal do not constitute cancellation or nonrenewal.

The premium for this Extended Reporting Period will not exceed one hundred percent (100%) for twelve months, one hundred fifty percent (150%) for twenty-four months, or one hundred seventy-five percent (175%) for thirty-six months of the full annual premium set forth in the Declarations and any attached endorsements, and must be elected and paid within thirty (30) days after the effective date

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of the policy's termination. Such additional premium is deemed fully earned immediately upon the inception of the Extended Reporting Period.

The Extended Reporting Period is added by endorsement and, once endorsed, cannot be cancelled. The Extended Reporting Period does not reinstate or increase the Limits of Liability. The Company's Limits of Liability during the Extended Reporting Period are part of, and not in addition to, the Company's Limits of Liability stated in the Declarations.

## Part II. Exclusions

This policy does not apply to any **Claim** or **Claim Expenses** based upon or arising out of:

**A. Personal Injury or Advertising Liability.**

**B.** Obligations of any Insured under a workers compensation, disability benefits or unemployment compensation law or any similar law.

**C. Bodily Injury** to any of the following:

1. Officers, directors, partners, employees or volunteer workers of the Insured arising out of and in the course of employment by the insured;

2. The spouse, child, parent, or sibling of **C. (1.)** above.

**D.** The insolvency or bankruptcy of an Insured or of any other person, firm or organization.

**E.** Dishonest, fraudulent, criminal, malicious, or intentional acts, errors or omissions committed by or at the direction of any Insured.

**F.** Any business enterprise not named in the Declarations which is owned, controlled, operated or managed by any Insured.

**G.** A **Claim** by one Insured under this policy against another Insured under this policy, unless such claim arises solely out of professional services performed for that party.

**H.** Any obligation or liability assumed by the Insured under any contract or any oral or written agreement, unless liability would have attached in the absence of such a contract or agreement, including the Insured's decision to unilaterally terminate or otherwise alter, remove or abridge any rights, benefits or obligations under any contract or agreement.

**I.** The ownership, rental, leasing, maintenance, use (including operation, loading and unloading), or repair of any real or personal property, including **Damage** to property owned, occupied or used by, rented to or leased to an Insured.

**J.** The rendering or failure to render professional services by the Insured as a physician, surgeon or dentist.

**K.** The use of excessive influence or power on any patient, or the actual or alleged inappropriate physical contact or contact that is deemed by or alleged by the plaintiff to be sexual or in any way unwelcome.

**L.** The performance of any service by any Insured while under the influence of intoxicants or illegal drugs.

**M.** The ownership, maintenance, use (including operation, loading and unloading), or entrustment to others of any aircraft, automobile, motor vehicle, mobile vehicles or watercraft owned or operated by or rented or loaned to any insured. This exclusion includes the movement of patients in and out of any motor vehicle, aircraft, automobile or watercraft.

**N. 1.** The actual, alleged or threatened presence, discharge, dispersal, seepage, migration, release or escape of **Pollutants** or asbestos;

2. The failure to discover or disclose the existence or amount of **Pollutants** or asbestos;

3. Any supervision, instructions, recommendations, warnings or advice given or which should have been given in connection with **N. (1.)** or **(2.)** above;

4. Any request, demand or order that any Insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize or, in any way respond to or assess the effects of **Pollutants** or asbestos;

5. Any **Claim** or suit by or on behalf of a governmental authority for **Damages** because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing or, in any way, responding to, or assessing the effect of **Pollutants** or asbestos.

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- O. 1. Refusal to employ;
  2. Termination of employment;
  3. Coercion, demotion, performance evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination, retaliation or other employment related practices, procedures, policies, acts or omissions;
  4. Consequential **Bodily Injury** or **Personal Injury** as a result of O. (1.) through (3.) above.

This exclusion applies whether the Insured may be held liable as an employer or in any other capacity and to any obligation to share **Damages** with or to repay someone else who must pay **Damages** because of the injury.

It is further agreed that no coverage shall apply under this policy to any **Claim** brought by or against any spouse, child, parent, brother or sister of the Insured or any other person. The Company shall not have a duty to defend any **Claim**, suit, arbitration or any other form of trial court proceeding.

- P. Any alleged act, error, omission, or circumstance likely to give rise to a **Claim** that an Insured had knowledge of prior to the effective date of this policy. This exclusion includes, but is not limited to, any prior **Claim** or possible **Claim** referenced in the Insured's application.
- Q. Infringement of copyright, patent, trademark, trade name, trade dress, service mark, title or slogan.
- R. Performance of surgical procedures or assisting in the performance of surgical procedures including, but not limited to, pre-surgical consultation, screening, informed consent and all post surgical care, other than superficial fascia.
- S. The actual or alleged invasion of privacy, or the infringement or interference with the right of privacy, resulting from the use, visitation to, or browsing of any BBS (bulletin board system or service), web site or URL location.
- T. Violation of, implementation of or failure to implement or abide by any posted privacy policy or the failure to have such policy posted, displayed or otherwise accessible.
- U. The gathering, use or dissemination of "Personal Information" in any form, including but not limited to any violation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). "Personal Information" means any numerical, letter, symbol, image, sound, genetic or biological characteristic, or any combination thereof, unique to an individual or group of individuals and/or assigned to an individual or group of individuals by any person, governmental or non-governmental entity.
- V. Experimental procedures and experimental products, including procedures using experimental products. Experimental procedures and products are those not approved by the United States Food and Drug Administration (FDA).
- W. Obstetrical procedures, including but not limited to any emergency obstetrical procedures.

### Part III. Definitions

- A. **Advertising Liability** means injury arising out of one or more of the following offenses:
  1. Oral or written publication of material that slanders or libels a person or organization or disparages a person's or organization's goods, products or services;
  2. Oral or written publication of material that violates a person's right of privacy;
  3. Misappropriation of advertising ideas or style of doing business.
- B. **Bodily Injury** means physical or mental harm, sickness or disease sustained by a person, including death resulting from any of these at any time.
- C. **Claim** means a written demand for monetary or non-monetary relief received by the Insured during the **Policy Period**, including the service of suit, or the institution of an arbitration proceeding. Additionally, **Claims** that arise from an incident, occurrence or offense first reported by the Insured during the **Policy Period** and accepted by the Company in accordance with **Part IV. A. Notice of Claim** will be considered a **Claim** first made during the **Policy Period**.
- D. **Claim Expense** means expenses incurred by the Company or the Insured with the Company's consent in the investigation, adjustment, negotiation, arbitration, mediation and defense of covered **Claims**, whether paid by the Company or the Insured with the Company's consent, and includes:

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1. Attorney fees;
  2. Costs taxed against the Insured in any **Claim** defended by the Company;
  3. Interest on the full amount of any judgment that accrues after entry of the judgment and before the Company has paid, offered to pay or deposited in court the part of the judgment that is within the applicable Limit of Liability;
  4. The cost of appeal bonds or bonds to release attachments, but only for bond amounts within the available applicable policy limit and only if said **Claims** are covered by the policy;
  5. Reasonable expenses incurred by the Insured at the Company's request other than:
    - a. Loss of earnings;
    - b. Salaries or other compensation paid to the Insured or any employee of the Insured.
- E. Damages** means monetary judgment, award or settlement, except those for which insurance is prohibited by law. **Damages** does not include punitive or exemplary damages, fines, or amounts that are multiples of any covered **Damages**, penalties, or disputed fees, deposits, commissions or charges for goods or services.
- F. Policy Period** means the period of time stated in the Declarations or any shorter period resulting from policy cancellation or amendment to the policy.
- G. Personal Injury** means injury, other than **Bodily Injury**, arising out of one or more of the following offenses:
1. False arrest, detention or imprisonment;
  2. Malicious prosecution or abuse of process;
  3. The wrongful eviction from, wrongful entry into, or invasion of the right of private occupancy of a room, dwelling or premises that a person occupies, committed by or on behalf of its owner, landlord or lessor;
  4. Oral or written publication, in any manner, of material that slanders or libels a person or organization or disparages a person's or organization's goods, products or services;
  5. Oral or written publication, in any manner, of material that violates a person's right of privacy.
- H. Retroactive Date** means the date stated in the Declarations on or after which any alleged or actual negligent act, error or omission must have first taken place in order to be considered for coverage under this policy.
- I. Pollutants** means any solid, liquid, gaseous or thermal irritant, contaminant or toxin, whether live or inanimate, including but not limited to, smoke, vapor, soot, fumes, acids, alkalis, chemicals, metals, silica, lead, lead compounds or materials containing lead, asbestos, asbestos compounds or materials containing asbestos, radon, waste or any like substances. Waste includes materials to be recycled, reconditioned or reclaimed.

**Part IV. General Conditions.** The following Conditions are a precedent to coverage under the Policy:

**A. Notice of Claim**

The Insured must notify the Company as soon as practicable of an incident, occurrence or offense that may reasonably be expected to result in a **Claim**. Where notice to the Company of such incidents, occurrences or offenses has been acknowledged as adequate by the Company in writing, subsequent **Claims** derived from such incidents, occurrences or offenses will be deemed as first made at the time the incident, occurrence or offense giving rise to such **Claim** was first provided. The Insured also must immediately send copies to the Company of any demands, notices, summonses or legal papers received in connection with any **Claim**, and must authorize the Company to obtain records and other information. Please send all claim information to:

Attention: **Claims** Dept.  
RSUI Group, Inc.  
945 East Paces Ferry Road, Suite 1800  
Atlanta, Georgia 30326-1160  
Or Via Email:  
[reportclaims@rsui.com](mailto:reportclaims@rsui.com)



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## **B. Prohibition of Voluntary Payments and Settlements**

With respect to any **Claim** covered under this policy, the Insured will not make payment, admit liability, settle **Claims**, assume any obligation, agree to arbitration or any other means of resolution of any dispute, waive any rights or incur **Claim Expenses** without prior written Company approval, except at the Insured's own cost.

## **C. Cooperation**

The Insured will cooperate with the Company in the conduct of a **Claim**, and upon the Company's request, submit to examination and interrogation by the Company representative, under oath if required, and will attend hearings and trials and assist in effecting settlements, securing and giving evidence, and obtaining the attendance of witnesses. The Insured shall further cooperate with the Company and do whatever is necessary to secure and effect any rights of indemnity, contribution or apportionment that the Insured may have, and the Company may exercise those rights in the name of the Insured.

## **D. Notice of Cancellation and Nonrenewal**

The Named Insured may cancel this policy by mailing or delivering to the Company advance written notice of cancellation.

For other than nonpayment of premium or deductible, the Company will give the Named Insured sixty (60) days written notice prior to cancellation or nonrenewal of this policy by mailing or delivering the notice to the first Named Insured's last known mailing address. If the Company cancels the policy due to the Named Insured's failure to pay a premium or deductible when due, this policy may be cancelled by the Company giving not less than 10 days written notice of cancellation.

The cancellation notice will state the effective date of the cancellation and the policy will terminate on that date. If cancelled by the Company, the earned premium will be computed pro-rata. If cancelled by the Insured, the earned premium will be computed short rate.

## **E. Premium and Audit**

Premium for this coverage is computed in accordance with the Company's rules and rates. Any premium shown as advance premium may be a deposit premium only. If the premium is a deposit premium, at the close of each audit period, the Company will compute the earned premium for that period. Audit premiums are due and payable upon notice.

The Company may examine and audit the Insured's books and records at any time during the **Policy Period** and within three years after the final termination of this policy, as far as they relate to the subject matter of this policy.

The first Named Insured as shown in the Declarations must keep records of information the Company will need for premium computation and upon request must send the Company copies of the information.

## **F. Authorization**

The first Named Insured listed in the Declarations agrees to act as the Named Insured with respect to the giving and receiving of all notices, exercising of the Extended Reporting Period option, canceling of the policy, paying of all premiums and deductibles and the receiving of any return premiums that may become due.

## **G. Change**

This policy contains all of the agreements concerning the insurance provided. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with the Company's consent. The policy terms can be amended or waived only by endorsement issued by the Company, and made a part of this policy.

## **H. Subrogation**

In the event of any **Claim** under this policy, the Company will be subrogated to all the Insured's rights of recovery against any person or organization, and the Insured will execute and deliver instruments and papers and do whatever else is necessary to secure such rights. The Insured will do nothing after the loss to prejudice such rights.

## **I. Other Insurance**

This policy will be excess over, and will not contribute with, any other existing insurance, unless such other insurance is specifically written to be excess of this policy.

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When this insurance is excess, the Company shall have no duty under this policy to defend any **Claim** or suit that any other insurer has a duty to defend. If such other insurer refuses to defend such **Claim** or suit, the Company shall be entitled to the Insured's rights against all such insurers for any **Claim Expenses** incurred by the Company.

If it is determined that both this insurance and other insurance or self insurance apply to any **Claim** on the same basis, whether primary, excess or contingent, the Company will not be liable under this policy for a greater proportion of the **Damages** or **Claim Expenses** than the applicable Limit of Liability under the policy for such **Damages** bears to the total applicable Limit of Liability of all other insurance or self insurance, whether or not collectible against such **Claims**.

**J. Actions Against the Insurer**

No action will be taken against the Company unless, as a condition precedent, the Insured is in full compliance with all of the terms of this policy, and until the amount of the Insured's obligations to pay shall have been finally determined, either by judgment against the Insured after actual trial, or by written agreement of the Insured, the claimant and the Company.

**K. Non-Transferability**

The Insured's rights and duties under this policy may not be transferred without the written consent of the Company.

**L. Coverage in Bankruptcy**

Bankruptcy or insolvency of the Insured or of the Insured's estate does not relieve the Company of its obligations under this policy.

**M. False or Fraudulent Claims**

If an Insured makes any **Claim** that is false or fraudulent, this insurance shall become void and entitlement to coverage for all **Claims** hereunder shall be forfeited.

**N. Application**

The Insured agrees that the statements in the application are personal representations, that they shall be deemed material and that this policy is issued in reliance upon the truth of such representations and that this policy embodies all agreements existing between the Insured and the Company, or any of its agents, relating to this insurance. The signed application, and any attachments thereto, submitted in connection with this Policy are incorporated herein and constitute a part of this Policy.



A Berkshire Hathaway Company

945 E Paces Ferry Rd NE | Suite 1800  
Atlanta, Georgia 30326  
404.231.2366. [rsui.com](http://rsui.com)

ATTN: Health Care Providers – Applicants and Policyholders

RE: HIPAA Privacy and Security Rule Compliance

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and associated regulations require health care providers to maintain the confidentiality of patients’ protected health information (“PHI”). PHI includes, among other things, medical records and billing records relating to medical care. As a “covered entity” under HIPAA, you are not permitted to share PHI with a “business associate” unless the business associate has provided you with a Business Associate Agreement that provides for the protection of PHI. Although a professional liability insurer may not be deemed to be a “business associate” as defined by HIPAA, we want to assure your compliance with the regulations in the event a Business Associate Agreement is necessary.

We are committed to maintaining the confidentiality of PHI that you may provide as a part of the administration of your insurance coverage. Enclosed you will find a Business Associate Agreement that explains how we will safeguard any PHI that you may provide to us in the process of underwriting your policy or handling a claim on your behalf. Please review it and keep it with your professional liability policy. You do not need to sign or return this agreement to us. Please maintain it in your files to document our mutual obligations with respect to PHI.

If you have any questions or concerns about the Business Associate Agreement, please contact Whitney Thomas at (404)260-3795 or [whitneythomas@rsui.com](mailto:whitneythomas@rsui.com).

Sincerely,

A handwritten signature in cursive script that reads 'Whitney Thomas'.

Whitney Thomas  
Regulatory Compliance  
RSUI Group, Inc.

## **BUSINESS ASSOCIATE AGREEMENT**

THIS BUSINESS ASSOCIATE AGREEMENT (“Agreement”) is executed by Landmark American Insurance Company, Covington Specialty Insurance Company, RSUI Indemnity Company and RSUI Group, Inc. (“Business Associate”) in favor of its insured healthcare providers (the “Provider”).

### **RECITALS**

WHEREAS, the Business Associate provides professional liability insurance to the Provider pursuant to a policy of insurance (the “Business Arrangement”), and in connection with the Business Arrangement the Provider discloses to the Business Associate certain individually identifiable protected health information (“PHI”) that is subject to protection under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), as amended from time to time.

WHEREAS, the parties desire to comply with the HIPAA standards for privacy of PHI of patients of the Provider, and to set forth the terms and conditions pursuant to which the parties will handle PHI that Business Associate receives in the course of performing its services for or on behalf of the Provider under the Business Arrangement.

NOW THEREFORE, for and in consideration of the recitals above, the benefits to Business Associate under the Business Arrangement and the mutual covenants and conditions herein contained, Business Associate agrees as follows:

### **SECTION 1 – DEFINITIONS**

Terms used, but not otherwise defined in the Agreement shall have the same meaning as set forth in the Standards for Privacy of Individually Identifiable Health Information (the “Privacy Rules”), 45 CFR parts 160-164, as promulgated by the United States Department of Health and Human Services (“HHS”), as amended from time to time.

### **SECTION II – OBLIGATIONS AND ACTIVITIES OF BUSINESS ASSOCIATE**

- a. Business Associate agrees to not use or disclose PHI other than as permitted or required by this Agreement or as required by law.
- b. Business Associate agrees to use appropriate safeguards to prevent use or disclosure of the PHI other than as provided for by this Agreement.
- c. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of this Agreement.
- d. Business Associate agrees to report to Provider any use or disclosure of the PHI, of which it becomes aware, and otherwise not provided for by this Agreement.
- e. Business Associate shall require its agents and subcontractors that receive PHI from Business Associate or Provider to agree to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.
- f. Business Associate agrees to make available and provide right of access to PHI held by the Business Associate that does not merely duplicate the information maintained by the Provider, to Provider at its request, or as directed by Provider, to an Individual. Business Associate shall provide access within reasonable time and manner as specified by Provider.

- g. Business Associate agrees to incorporate all amendments or corrections to PHI when notified by the Provider in writing that such information is inaccurate or incomplete. 45 CFR § 164.526
- h. Business Associate agrees to make available to the Secretary of HHS (or its designee) all internal practices, books, and records relating to the use and/or disclosure of PHI received from the Provider, for purposes of determining the Provider's compliance with the Privacy Rules, subject to attorney-client and other applicable legal privileges.
- i. Business Associate agrees to provide an accounting of such disclosures of PHI to Provider or, as directed by Provider, to an Individual in accordance with 45 CFR § 164.528, as amended from time to time. Business Associate shall provide such accounting within a reasonable time and manner as specified by the Provider.
- j. Business Associate shall comply with all applicable requirements of the HIPAA Security Rule.
- k. Business Associate shall immediately report to Covered Entity any breach of PHI, as defined by HIPAA. Business Associate shall cooperate with Covered Entity's investigation, mitigation and response efforts related to any such breach. Additionally, Business Associate shall be responsible for any costs, liabilities, damages, expenses, and attorney's fees incurred by Covered Entity related to such breach.
- l. In the event Business Associate undertakes any of Covered Entity's duties under HIPAA, Business Associate shall comply with all HIPAA regulations applicable to Covered Entity in the discharge of such duties.

## **2.1 PERMITTED USES AND DISCLOSURES OF PHI BY BUSINESS ASSOCIATE**

- a. Business Associate, its agents and employees, may use or disclose PHI as necessary to perform its duties under the Business Arrangement and only as allowed by the terms of the Business Arrangement, this Agreement, or as required or allowed by law.
- b. Business Associate may also use and/or disclose PHI as necessary for the proper management and administration of Business Associate, and to carry out the legal responsibilities of Business Associate.
- c. Business Associate agrees that it will not use or disclose PHI in a manner that violates or would violate the Privacy Rules, or the minimum necessary policies and procedures of the Provider that are communicated to Business Associate.
- d. Business Associate may use PHI to report violations of the law to appropriate Federal and State authorities, consistent with 45 CFR § 164.502(j)(1).

## **SECTION III – OBLIGATIONS OF THE PROVIDER**

- a. Provider shall notify Business Associate of any limitation(s) in the Provider's notice of privacy practices in accordance with 45 CFR § 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of PHI.
- b. Provider shall notify Business Associate, in writing and in a timely manner, of any restrictions or other arrangement to which the Provider has agreed with an individual in accordance with 45 CFR § 164.522, to the extent that such changes may affect Business Associate's use or disclosure of PHI hereunder; provided however, that the Provider will not agree to, and Business Associate will not be required to comply with, any restriction that is inconsistent with the purpose or terms of the Business Arrangement.

### **3.1 PERMISSIBLE REQUESTS BY PROVIDER**

Provider shall not request Business Associate to use and/or disclose PHI in any manner that would not be permissible under the Privacy Rule if done by Provider; provided however, that the Business Associate will use or disclose PHI for management and administrative activities of the Business Associate as outlined in Section 2.1.

## **SECTION IV – TERM AND TERMINATION**

### **4.1 TERM AND TERMINATION**

This Agreement shall remain in effect for the entire term of the Business Arrangement, or until terminated as set forth herein. This Agreement will automatically terminate without further action of the parties upon the termination or expiration of the Business Arrangement, subject to the following:

The Provider acknowledges and agrees that, due to the nature of the Business Arrangement, the Business Associate must have the ability to receive PHI from the Provider for as long as the Business Arrangement is in place, and that the Business Associate must have the ability to receive PHI from the Provider for the duration of any defense obligations arising under the Business Arrangement. Thus, the Provider acknowledges and agrees that termination of this Agreement is not feasible as long as the Business Arrangement is in place, or as long as Business Associate has any defense obligations arising under the Business Arrangement. Accordingly, any other provision in this Agreement notwithstanding, the parties agree that (a) any notice of termination of this Agreement will also serve as notice of termination of the Business Arrangement, (b) the termination of this Agreement will under no circumstances be effective until the termination of the Business Arrangement is effective, and (c) this Agreement may not be terminated and will remain in effect as long as Business Associate has any defense obligations arising under the Business Arrangement.

### **4.2 TERMINATION FOR MATERIAL BREACH**

Subject to Section 4.1, upon Provider's knowledge of a material breach by Business Associate, Provider shall either:

- a. Provide an opportunity for Business Associate to cure the breach or end the violation and terminate this Agreement and the Business Arrangement if Business Associate does not cure the breach or end the violation within a reasonable time specified by the Provider;
- b. Immediately terminate this Agreement and the Business Arrangement if the Business Associate has breached a material term of this Agreement and cure is not possible; or
- c. If neither termination nor cure is feasible, Provider shall report the violation to the Secretary of HHS.

### **4.3 RETURN/DESTRUCTION OF PHI**

Except as provided in Section 4.4, upon termination of the Business Arrangement (and any ongoing defense obligations, if applicable), for any reason, Business Associate will, if feasible, return or destroy PHI received from, or created or received by it on behalf of the Provider that Business Associate maintains in any form, including any backup tapes. Business Associate shall retain no copies of such information. Business Associate further agrees to use its best efforts to recover PHI in the possession of subcontractors or agents.

#### 4.4 NO FEASIBLE OR PRACTICAL RETURN/DESTRUCTION OF PHI

Business Associate has determined that returning or destroying PHI is infeasible for ongoing defense obligations (if applicable), state regulatory requirements imposed upon professional liability insurers, such as reporting, review, and audit requirements, and carrying out any necessary business responsibility of the Business Associate. This serves as Business Associate's notification to Provider of the conditions that make return or destruction infeasible. Business Associate shall extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI.

#### SECTION V – MISCELLANEOUS

- a. Regulatory References – A reference in this Agreement to a section of the Privacy Rule means the section as in effect or as amended.
- b. Amendment – The parties recognize that this Agreement may need to be modified from time to time and agree to take such action as is necessary to amend this Agreement for Provider to comply with federal and state law including, but not limited to the requirements of the Privacy Rule and HIPAA.
- c. Survival – The respective rights and obligations of Business Associate under Section 4.3 of this Agreement shall survive the termination of this Agreement.
- d. Notices – All notices and other communications required or permitted pursuant to this Agreement shall be in writing, addressed to the party at the party's regular business address. All notices and other communications shall be sent by overnight courier or sent by registered or certified mail, return receipt requested.
- e. Interpretation – Any ambiguity in this Agreement shall be resolved to permit Provider to comply with HIPAA and the Privacy Rules.

BUSINESS ASSOCIATE:

Signed:

A handwritten signature in black ink, appearing to read 'Michael Wayman', with a long horizontal flourish extending to the right.

Michael Wayman  
Senior Vice President  
RSUI Group, Inc.

Address for Notice:

RSUI Group, Inc.  
945 East Paces Ferry Road  
Suite 1800  
Atlanta, GA 30326

*This Endorsement Changes The Policy. Please Read It Carefully.*

## **ADDITIONAL EXCLUSIONS ENDORSEMENT**

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This endorsement modifies insurance provided under the following:

### **MEDICAL PROFESSIONAL LIABILITY COVERAGE FORM CLAIMS MADE AND REPORTED BASIS**

In consideration of the premium charged, it is agreed that **Part II. Exclusions** is amended to include the following:

X. Any services provided in the states of Kansas, Wisconsin, and Pennsylvania.

All other terms and conditions of this policy remain unchanged.

This endorsement effective 1/1/2025  
Forms part of Policy Number LHM863357  
Issued to ASSOCIATION OF RINGSIDE PHYSICIANS  
by Landmark American Insurance Company

Endorsement No.: 01



*This Endorsement Changes The Policy. Please Read It Carefully*  
**CONSENT TO SETTLE**

---

This endorsement modifies insurance provided under the following:

**MEDICAL PROFESSIONAL LIABILITY COVERAGE FORM CLAIMS MADE AND REPORTED BASIS**

In consideration of the premium charged, **Part 1. Insuring Agreements, Section B. Defense and Settlement** is deleted and replaced with the following:

**B. Defense and Settlement**

The Company will have the right and duty to defend any **Claim** against an Insured seeking **Damages** to which this policy applies, even if any of the allegations of the **Claim** are groundless, false or fraudulent. The Company's right and duty to defend any **Claim** shall end when the Company's Limit of Liability has been exhausted by payment of **Damages** and/ or **Claim Expenses**, or has been tendered to the Insured or to a court of competent jurisdiction.

The Company will maintain the right to settle any **Claim** even without the Insured's written consent.

The Company shall have the right and duty to select legal counsel for the defense of a **Claim**. In the event the Insured is entitled by law to select independent counsel to defend the **Claim**, the **Claim Expenses** or other covered costs the Company must pay to that counsel are limited to the rates the Company actually pays to counsel retained by the Company in the defense of similar **Claims** in the community where the **Claim** is being defended. The Company may exercise the right to require that such counsel have experience in defending Claims similar to the one pending against the Insured. The Insured agrees that such counsel will comply with the Company's litigation guidelines and reporting requirements, timely respond to the Company's requests, and provide information regarding the **Claim** when requested.

All other terms, conditions and warranties remaining unchanged.

This endorsement effective 1/1/2025  
forms part of Policy Number LHM863357  
issued to ASSOCIATION OF RINGSIDE  
PHYSICIANS  
by: Landmark American Insurance Company

Endorsement No.: 02  
Date Processed : December 17, 2024

*This Endorsement Changes The Policy. Please Read It Carefully.*

## **CRYPTOCURRENCY EXCLUSION**

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This endorsement modifies insurance provided under the following:

### **MEDICAL PROFESSIONAL LIABILITY COVERAGE FORM CLAIMS MADE AND REPORTED BASIS**

1. In consideration of the premium charged, it is agreed that no coverage shall apply under this policy to any **Claim** and/or **Claim Expenses** alleging, based upon, arising out of, attributable to, directly or indirectly resulting from, in consequence of, or in any way involving **Cryptocurrency** or any **Cryptocurrency Offering**.
2. It is agreed that the following definitions are added to **Part III. Definitions**:
  - A. **Cryptocurrency** means any actual or purported electronic, computer derived, digital or virtual instrument, asset, currency, token, coin, unit of account, store of value, funds, or medium of exchange using encryption techniques, methodologies, or technology, including blockchain or similar mechanisms, to secure, verify and/or validate the transfer of such electronic, computer derived, digital or virtual instrument, asset, currency, unit of account, store of value, funds, or medium of exchange between one or more parties.
  - B. **Cryptocurrency Offering** means any direct, indirect, actual, alleged, attempted, or proposed purchase or sale, or offer to purchase or sell, any **Cryptocurrency** issued or created by, or in connection with the Insured.

All other terms and conditions of this policy remain unchanged.

This endorsement effective 1/1/2025  
Forms part of Policy Number LHM863357  
Issued to ASSOCIATION OF RINGSIDE PHYSICIANS  
by Landmark American Insurance Company

Endorsement No.: 03

*This Endorsement Changes The Policy. Please Read It Carefully.*

## **EXCLUSION – CORRECTIONAL MEDICINE**

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This endorsement modifies insurance provided under the following:

### **MEDICAL PROFESSIONAL LIABILITY COVERAGE FORM CLAIMS MADE AND REPORTED BASIS**

In consideration of the premium charged, it is agreed no coverage shall apply under this policy to any **Claim** and/or **Claim Expenses** based upon, arising out of, or in any way involving the rendering of or failure to render services of a professional nature, including healthcare services and medical services, by the Insured or by any person or organization for whose acts, errors or omissions the Insured is legally responsible, in a correctional facility or center, detention center, jail, penal institution, prison, remand center, reformatory, or any similar center, facility, or institution.

All other terms and conditions of this policy remain unchanged.

This endorsement effective 1/1/2025  
Forms part of Policy Number LHM863357  
Issued to ASSOCIATION OF RINGSIDE PHYSICIANS  
by Landmark American Insurance Company

Endorsement No.: 04

*This Endorsement Changes The Policy. Please Read It Carefully.*

## **MASSACHUSETTS CHANGES – CANCELLATION AND NONRENEWAL (MEDICAL)**

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This endorsement modifies insurance provided under the following:

### **MEDICAL PROFESSIONAL LIABILITY COVERAGE FORM CLAIMS MADE AND REPORTED BASIS**

The Notice of Cancellation and Nonrenewal section of this coverage form is replaced by the following:

#### **A. Notice of Cancellation**

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy, subject to the provisions below, by first class mailing, or by delivery, of a written notice of cancellation to the first Named Insured's last mailing address known to us. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
3. We may cancel this policy only for one or more of the following reasons:
  - a. Nonpayment of premium;
  - b. Criminal acts committed by or at the direction of the insured;
  - c. Suspension or revocation of the applicable license issued to you to operate as a hospital or as a physician, surgeon or dentist; and
  - d. A determination by the commissioner that the continuation of the policy could place us in violation of the Massachusetts insurance laws.
4. Under Item **A.3.**, we will give notice at least:
  - a. 10 days before the effective date of cancellation, if we cancel for nonpayment of premium. The cancellation notice shall contain the information regarding the amount of premium due and the due date, and shall state the effect of nonpayment by the due date. Cancellation shall not be effective if payment of the amount due is made prior to the effective date of cancellation; or
  - b. 60 days before the effective date, if we cancel for any other reason. The notice of cancellation will state the reason for cancellation.
5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.

#### **B. Nonrenewal**

If we decide not to renew this policy, we will mail, by first class mail, or deliver written notice of nonrenewal to the first Named Insured's last mailing address known to us, at least 60 days before the expiration date.

1. We may not renew this policy only for one or more of the following reasons:
  - a. Criminal acts committed by or at the direction of the insured;

This endorsement effective 1/1/2025  
Forms part of Policy Number LHM863357  
Issued to ASSOCIATION OF RINGSIDE PHYSICIANS  
by Landmark American Insurance Company

Endorsement No.: 05

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- b.** Suspension or revocation of the applicable license issued to you to operate as a hospital or as a physician, surgeon or dentist; and
    - c.** A determination by the commissioner that the continuation of the policy could place us in violation of the Massachusetts insurance laws.
  - 2.** We need not mail or deliver this notice if you have:
    - a.** Insured elsewhere;
    - b.** Accepted replacement coverage; or
    - c.** Agreed not to renew this policy.

All other terms and conditions of this policy remain unchanged.

## ***IMPORTANT NOTICE***

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### **MASSACHUSETTS SURPLUS LINES DISCLOSURE NOTICE**

**This policy is insured by a company which is not admitted to transact insurance in the commonwealth, is not supervised by the commissioner of insurance and, in the event of an insolvency of such company, a loss shall not be paid by the Massachusetts Insurers Insolvency Fund under chapter 175D.**

*This Endorsement Changes The Policy. Please Read It Carefully.*

## **MINIMUM RETAINED PREMIUM**

---

This endorsement modifies insurance provided under the following:

### **MEDICAL PROFESSIONAL LIABILITY COVERAGE FORM CLAIMS MADE AND REPORTED BASIS**

In the event of cancellation of this policy by the Insured, return premium shall be computed at .90 of the pro rata unearned policy premium, subject however to a retention by the company of not less than \$5,625.00.

Nothing in this endorsement is deemed to affect the Company's cancellation rights which remain as indicated in the coverage form.

It is further agreed that return premium may be allowed on a pro rata basis if cancelled for non payment of premium or deductible, subject however to retention by the company of the minimum retained premium as shown above.

All other terms and conditions of this policy remain unchanged.

This endorsement effective 1/1/2025  
Forms part of Policy Number LHM863357  
Issued to ASSOCIATION OF RINGSIDE PHYSICIANS  
by Landmark American Insurance Company

Endorsement No.: 07

*This Endorsement Changes The Policy. Please Read It Carefully.*

## **NUCLEAR ENERGY LIABILITY EXCLUSION**

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This endorsement modifies insurance provided under the following:

### **MEDICAL PROFESSIONAL LIABILITY COVERAGE FORM CLAIMS MADE AND REPORTED BASIS**

**This policy does not apply;**

- a. Under any Liability Coverage**, to bodily injury or property damage;
- (1) with respect to which an Insured under the policy is also an Insured under a nuclear energy liability policy issued by Nuclear Energy Liability Insurance Association, Mutual Atomic Energy Liability Underwriters, or Nuclear Insurance Associates of Canada, or would be an Insured under any such policy but for its termination upon exhaustion of its limit of liability; or
  - (2) resulting from the hazardous properties of nuclear material and with respect to which (a) any person or organization is required to maintain financial protection pursuant to the Atomic Energy Act of 1954, or any law amendatory thereof, or (b) the Insured is, or had this policy not been issued would be, entitled to indemnity from the United States of America, or any agency thereof, under any agreement entered into by the United States of America, or any agency thereof, with any person or organization;
- b. Under any Medical Payments Coverage** or any Supplemental Payments provision relating to first aid, to expenses incurred with respect to bodily injury resulting from the hazardous properties of nuclear material and arising out of the operation of a nuclear facility by any person or organization;
- c. Under any Liability Coverage** to bodily injury or property damage resulting from the hazardous properties of nuclear material, if:
- (1) the nuclear material (a) is at any nuclear facility owned by, or operated by or on behalf of, an insured, or (b) has been discharged or dispersed therefrom;
  - (2) the nuclear material is contained in spent fuel or waste at any time possessed, handled, used, processed, stored, transported or disposed of by or on behalf of an insured; or
  - (3) the bodily injury or property damage arises out of the furnishing by an Insured of services, materials, parts or equipment in connection with the planning, construction, maintenance, operation or use of any nuclear facility but if such facility is located within the United States of America, its territories or possessions, or Canada, this exclusion (3) applies only to property damage to such nuclear facility and any property thereat;
- d. As used in this Endorsement:**
- (1) "Hazardous properties" include radioactive, toxic, or explosive properties;
  - (2) "Nuclear material" means source material, special nuclear material or byproduct material;
  - (3) "Source material", "special nuclear material", and "byproduct material" have the meanings given them in the Atomic Energy Act of 1954 or in any law amendatory thereof;
  - (4) "Spent fuel" means any fuel element or fuel component, solid or liquid, which has been used or exposed to radiation in a nuclear reactor,

This endorsement effective 1/1/2025  
Forms part of Policy Number LHM863357  
Issued to ASSOCIATION OF RINGSIDE PHYSICIANS  
by Landmark American Insurance Company

Endorsement No.: 08



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- (5) "Waste" means any waste material (a) containing byproduct material and (b) resulting from the operation by any person or organization of any nuclear facility included within the definition of nuclear facility under paragraph (6), (a) or (b) thereof;
- (6) "Nuclear facility" means:
- (a) any nuclear reactor;
  - (b) any equipment or device designed or used for (i) separating the isotopes of uranium or plutonium, (ii) processing or utilizing spent fuel, or (iii) handling, processing, or packaging waste;
  - (c) any equipment or device used for the processing, fabricating or alloying of special nuclear material if at any time the total amount of such material in the custody of the Insured at the premises where such equipment or device is located consists of or contains more than 25 grams of plutonium or uranium 233 or any combination thereof, or more than 250 grams of uranium 235;
  - (d) any structure, basin, excavation, premises or place prepared or used for the storage or disposal of waste; and includes the site on which any of the foregoing is located, all operations conducted on such site, and all premises used for such operations;
- (7) "Nuclear reactor" means any apparatus designed or used to sustain nuclear fission in a self-supporting chain reaction or to contain a critical mass of fissionable material;
- (8) "Property damage" includes all forms of radioactive contamination of property.

All other terms and conditions of this policy remain unchanged.

*This Endorsement Changes The Policy. Please Read It Carefully.*

## OPIOID AND CONTROLLED SUBSTANCE EXCLUSION

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This endorsement modifies insurance provided under the following:

### All Coverages without Limitation

In consideration of the premium charged, it is agreed that this Policy will not be triggered or apply and will provide no coverage for indemnity, defense, supplemental or any other exposure where **Claims**, suits, occurrences or demands of any sort, without limitation, against any Insured are:

1. Based upon, arising out of, directly or indirectly resulting from, in consequence of, or in any way involving:
  - a. Any actual or alleged abuse, misuse, illicit use, overuse, addiction, dependency, unlawful distribution, or diversion of any **Controlled Substance**;
  - b. Any supervision, instruction, training, education, recommendation, or guideline given, or which should have been given, in connection with any **Controlled Substance**; or
  - c. Inadequate or inaccurate evaluation, control or reporting of, or the failure to evaluate, control or report, the conduct or suspected conduct described in paragraph **1.a.** above.
2. Brought by or on behalf of any state, municipality or other governmental entity or agency seeking damages, fines, penalties or any other type of relief, whether monetary or not, arising from or in any way related to any Insured manufacturing, selling, distributing, or dispensing **Controlled Substances**.

For the purposes of this exclusion, **Controlled Substances** shall mean:

- a. any opioid or narcotic drug, narcotic medication, or narcotic substance of any type, nature or kind, including, but not limited to, buprenorphine, codeine, fentanyl, hydrocodone, morphine, oxycodone, tapentadol, oxycontin, hydromorphone, medperidine, methadone, oxycodone, or naloxone;
- b. any substance that is a controlled substance defined by or included in the Schedules of the Controlled Substance Act of the United States of America (21 U.S.C. § 801 et seq.) or any other judicial, statutory, regulatory or other legal measure of any nation, province, state, municipality or other governmental division or subdivision; or
- c. any substance that is in the future labelled or determined to be any of the substances described in **a.** or **b.** of this definition.

This exclusion applies even if the **Claims** or suits against any Insured allege negligence, including but not limited to negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by any Insured.

This exclusion also applies to any **Claim** or suit by or on behalf of any individual or entity seeking certification at any time as a class action, whether or not such action is actually certified, arising from or in any way related to any Insured manufacturing, selling, distributing, or dispensing **Controlled Substances**.

However, this exclusion shall not apply to any **Claim** by or on behalf of a patient, arising out of an actual or alleged negligent act, error or omission by the Insured in the prescribing, administering, or dispensing of a **Controlled Substance** for its intended use, or in providing counseling or treatment related to any **Controlled Substance**.

All other terms and conditions of this policy remain unchanged.

This endorsement effective 1/1/2025  
Forms part of Policy Number LHM863357  
Issued to ASSOCIATION OF RINGSIDE PHYSICIANS  
by Landmark American Insurance Company

Endorsement No.: 09

*This Endorsement Changes The Policy. Please Read It Carefully.*

## **PHYSICIANS, SURGEONS OR DENTISTS ENDORSEMENT**

---

This endorsement modifies insurance provided under the following:

### **MEDICAL PROFESSIONAL LIABILITY COVERAGE FORM CLAIMS MADE AND REPORTED BASIS**

In consideration of the premium charged, **Part II. Exclusions, J.** is deleted in its entirety and replaced with the following:

- J.** The rendering or failure to render professional services performed by the Insured as a physician, surgeon, or dentist. However this Exclusion will not apply to physicians, surgeons or dentists that qualify as covered persons under **Part I. E. Covered Persons and Entities.**

Solely as it pertains to this endorsement, **Part I. E. Covered Persons and Entities** is amended to include:

Physicians, surgeons or dentists, but only while employed by, under contract with, or acting as a volunteer, on behalf of the Named Insured as shown on the Declarations Page and only with respect to Professional Services rendered by or on behalf of the Named Insured.

All other terms and conditions of this policy remain unchanged.

This endorsement effective 1/1/2025  
Forms part of Policy Number LHM863357  
Issued to ASSOCIATION OF RINGSIDE PHYSICIANS  
by Landmark American Insurance Company

Endorsement No.: 10

*This Endorsement Changes The Policy. Please Read It Carefully.*

## **SERVICE OF SUIT**

---

This endorsement modifies insurance provided under the following:

### **ALL COVERAGE PARTS**

In the event of our failure to pay any amount claimed to be due, we, at your request, will submit to the jurisdiction of any court of competent jurisdiction within the United States of America. Nothing in this condition constitutes or should be understood to constitute a waiver of our rights to commence an action in any Court of competent jurisdiction in the United States, to remove an action to a United States District Court or seek a transfer of a case to another Court as permitted by the laws of the United States or of any state in the United States, moreover, this endorsement is not an agreement that the law of a particular jurisdiction applies to any dispute under the policy.

Service of process in such suit may be made upon the Senior Claims Officer of RSUI Group, Inc. 945 East Paces Ferry Road, Suite 1800, Atlanta, GA 30326-1160, or his designee. In any suit instituted against any one of them upon this contract, we will abide by the final decision of such Court or of any Appellate Court in the event of an appeal.

The above named is authorized and directed to accept service of process on our behalf in any such suit and/or upon your request to give a written undertaking to you that we will enter a general appearance upon our behalf in the event such a suit shall be instituted.

Further, pursuant to any statute of any state, territory or district of the United States of America, which makes provision therefore, we hereby designate the Superintendent, Commissioner or Director of Insurance or other officer specified for the purpose in the statute, or his successor or successors in office, as our true and lawful attorney upon whom may be served any lawful process in any action, suit or proceeding instituted by you or on your behalf or any beneficiary hereunder arising out of this contract of insurance, and we hereby designate the above named as the person to whom the said officer is authorized to mail such process or a true copy thereof.

All other terms and conditions of the policy remain unchanged

This endorsement effective 1/1/2025  
Forms part of Policy Number LHM863357  
Issued to ASSOCIATION OF RINGSIDE PHYSICIANS  
by Landmark American Insurance Company

Endorsement No.: 11

*This Endorsement Changes The Policy. Please Read It Carefully.*

## **VIOLATION OF CONSUMER PROTECTION LAWS EXCLUSION**

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This endorsement modifies insurance provided under the following:

### **MEDICAL PROFESSIONAL LIABILITY COVERAGE FORM CLAIMS MADE AND REPORTED BASIS**

This insurance does not apply to any **Claim** based upon or arising directly, or indirectly, out of any actual or alleged violation of any federal, state or local consumer protection law(s), statute, ordinance or regulation including, but not limited to, the following:

1. The False Claims Act (FCA), including any amendment of or addition to such law;
2. The Dodd-Frank Wall Street Reform and Consumer Protection Act (Dodd-Frank), including any amendment of or addition to such law;
3. The Fair Credit Reporting Act (FCRA), and any amendment of or addition to such law, including the Fair and Accurate Credit Transaction Act (FACTA);
4. The Telephone Consumer Protection Act (TCPA), including any amendment of or addition to such law;
5. The Controlling the Assault of Non-Solicited Pornography and Marketing Act of 2003 (CAN-SPAM Act), including any amendment of or addition to such law;
6. Any that address, prohibit, or limit the printing, dissemination, disposal, collecting, recording, sending, transmitting, communicating or distribution of material or information;
7. Any communication, distribution, publication, sending or transmission via telephone, telephone facsimile machine, computer or other telephonic or electronic devices, including claims asserted under the common law;
8. **Claims** brought by any state or federal government agency, or any person or entity on their behalf, including qui tam **claims**, seeking to enforce any consumer protection law; or
9. Actual or alleged violation of any laws, regulations or guidelines relating to the accessibility of the Insured's website.
10. Any biometric privacy law or any such similar law or statute anywhere in the world that governs or relates to the collection, use, safeguarding, handling, storage, retention or destruction of biometric identifiers, biometric data or biometric information of any kind, including but not limited to retina or iris scans, fingerprints, voiceprints, or scans of hand or face geometry.

All other terms and conditions of this policy remain unchanged.

This endorsement effective 1/1/2025  
Forms part of Policy Number LHM863357  
Issued to ASSOCIATION OF RINGSIDE PHYSICIANS  
by Landmark American Insurance Company

Endorsement No.: 12

**General Applicant Information**

1. Name of Applicant: Association of Ringside Physicians
2. Any changes in Address?  Yes  No (if yes, please complete the below)  
Principal Address: c/o Louis Durkin, MD  
436 Pinewood Dr
3. City: Longmeadow County: \_\_\_\_\_ State: MA Zip Code: 01106  
Website: \_\_\_\_\_

**Applicant Practice**

4. Any change in the applicant's professional activities for which coverage is desired? (if yes, please describe below)  Yes  No
5. Does the Applicant provide any Correctional Medicine Services?  Yes  No
6. Does the Applicant specialize in cannabis/marijuana?  Yes  No
7. In what states is the Applicant registered and licensed to practice? All
8. During the past 12 months, has the applicant acquired or been acquired by another company?  Yes  No  
If yes please describe below

9. State sources and amounts of total revenue:

Source	Amount Last Policy Year	This Policy Year
a. Charitable Contributions	\$ _____	\$ _____
b. Government Funding	\$ _____	\$ _____
c. Fee for Services	\$ _____	\$ _____
d. Dues	\$ 68,000	\$ 70,300
e. Training	\$ 51,000	\$ 52,000
TOTAL GROSS REVENUE:	\$ 119,000	\$ 122,300

10. Number of patient encounters last 12 months (\_\_\_\_\_) and/or patient tests carried out (\_\_\_\_).  
(NOTE: "Patient encounters" refers to number of visits – not number of patients.)

11. Number of estimated patient encounters the next 12 months (\_\_\_\_) and/or patient tests carried out (\_\_\_\_).  
 (NOTE: "Patient encounters" refers to number of visits – not number of patients.)

12. If applicant has a training school, complete the following.

Specify profession for which students are being trained	Max No. of students per session	No. of sessions per year	% of time involved in clinical setting	Number of students	Qualifications of faculty (eg. MD, RN, PhD)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

13. List the number and type of employees, volunteers or independent contractors, their billable hours, and whether or not they carry individual medical malpractice coverage for their services on behalf of the entity.

	Employees	Volunteers	Independent Contractors	Billable Hours	Insured on own Med Mal Policy
Aestheticians	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chiropractors	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dieticians	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
EMT's	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Laboratory Technicians	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nurse, Aides	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nurse Anesthetists	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nurses, Licensed Practical	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nurse Midwives	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nurse Practitioner	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nurse, Registered	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Opticians	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Optometrists	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Paramedics	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perfusionists	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pharmacists	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pharmacy Technicians	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical/Occupational/Speech Therapists	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical/Occupational/Speech Therapist Assistants	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physician's Assistants	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physicians – Minor Surgery	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physicians – No Surgery	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Psychologists	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Respiratory Therapists	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Social Workers \_\_\_\_\_  Yes  No  
 Other: \_\_\_\_\_  Yes  No

14. Does the applicant maintain any beds for overnight occupancy? (If yes, total number): No

What is the average length of stay? \_\_\_\_\_

15. Does the Applicant warrant that all employed and contracted physicians, surgeons and dentists maintain their own medical malpractice professional liability insurance coverage and confirm with a certificate of insurance or declarations page?  Yes  No  
 If no, please attached explanation.

**Applicant History**

16. Is the applicant currently insured under a Commercial General Liability Policy?  Yes  No  
 If yes, please give details:

Insurance Company	Type of Coverage	Limits BI	Limits PD	From	To
_____	_____	_____	_____	_____	_____

17. In the past twelve (12) months, has any professional liability claim or suit been made against the Applicant or any of its predecessor firms? Please complete the Claim Supplement and provide currently valued company loss runs if "Yes", how many? \_\_\_\_\_  Yes  No

18. Have all matters in Question 15, been reported to RSUI or to the Applicant's former or current insurer(s) or to the former Insurer of any predecessor firm or former insurer of a current member of the Firm? MA  Yes  No

19. Has any principal, owner, partner or employee for whom coverage is sought been the subject of a disciplinary complaint made to any court, administrative agency or regulatory body? (If "yes", provide full details and documentation)  Yes  No

**Representations**

The Applicant declares that the above statement and representations are true and correct, and that no facts have been suppressed or misstated. All written statements and materials furnished to the Company, in conjunction with this application will be incorporated by reference into this application and made part hereof.

This application does not bind the Applicant to buy, or the Company to issue the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made part of the policy. The undersigned Applicant declares that if the information supplied on this application changes between the dates of this application and the time when the policy is issued, the Applicant will immediately notify the company of such changes, and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

[Signature] \_\_\_\_\_ President ARP \_\_\_\_\_ 10/14/24  
 Signature of the Insured, Owner, Partner, or Principal Title Date  
**HUB International New England, LLC**


[Signature] \_\_\_\_\_  
 Producer  
 By: \_\_\_\_\_



**SIGNATURE REQUIRED – NEW YORK ONLY**

**NEW YORK FRAUD STATEMENT**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.



Applicant's Signature

10/14/24

Date

**No Signature Required**

**ARKANSAS, LOUISIANA, RHODE ISLAND, TEXAS AND WEST VIRGINIA FRAUD STATEMENT**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**ALASKA FRAUD STATEMENT**

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**ALABAMA FRAUD STATEMENT**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**ARIZONA FRAUD STATEMENT**

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**CALIFORNIA FRAUD STATEMENT**

For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**COLORADO FRAUD STATEMENT**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**DELAWARE FRAUD STATEMENT**

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**DISTRICT OF COLUMBIA FRAUD STATEMENT**

**WARNING:** It is a crime to provide false, or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**FLORIDA FRAUD STATEMENT**

Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**HAWAII FRAUD STATEMENT**

For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss

or benefit is guilty of a crime punishable by fines or imprisonment, or both.

#### **IDAHO FRAUD STATEMENT**

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

#### **INDIANA FRAUD STATEMENT**

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

#### **KANSAS FRAUD STATEMENT**

An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

#### **KENTUCKY FRAUD STATEMENT**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

#### **MAINE FRAUD STATEMENT**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

#### **MARYLAND FRAUD STATEMENT**

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

#### **MINNESOTA FRAUD STATEMENT**

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

#### **NEW HAMPSHIRE FRAUD STATEMENT**

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

#### **NEW JERSEY FRAUD STATEMENT**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

#### **NEW MEXICO FRAUD STATEMENT**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

#### **OHIO FRAUD STATEMENT**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

#### **OKLAHOMA FRAUD STATEMENT**

**WARNING:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

#### **OREGON FRAUD STATEMENT**

Any person who knowingly files a claim containing a false or deceptive statement for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

### PENNSYLVANIA FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

### PUERTO RICO FRAUD STATEMENT

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

### TENNESSEE, VIRGINIA, AND WASHINGTON FRAUD STATEMENT

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Your policy has been signed on our behalf by our President and by our Secretary. However, your policy will not be binding on us unless it is also countersigned by one of our duly authorized agents.

A handwritten signature in black ink that reads "Andrew J. Whittington". The signature is fluid and cursive, with a large, stylized initial "A" and "W".

President

**RSUI Indemnity Company  
Landmark American Insurance Company  
Covington Specialty Insurance Company**

A handwritten signature in black ink that reads "Donald T. Hucker". The signature is cursive and flows from left to right, ending in a long, sweeping underline.

Secretary

**RSUI Indemnity Company  
Landmark American Insurance Company  
Covington Specialty Insurance Company**

