

**NEWLY LICENSED  
PROPERTY & CASUALTY AGENTS  
ERRORS & OMISSIONS COVERAGE**

**RISK MANAGEMENT WARRANTY STATEMENT**

**Rockwood Programs, Inc.**  
4001 Miller Road  
Wilmington, DE 19802-1999

To Whom It May Concern:

This statement is being submitted to confirm my adherence to the stipulation that I would complete a review of the risk management materials available on the Rockwood web-site within 90 days of my policy's effective date. The on-line information is broken out in to four separate sections. By affixing my initials next to each topic, I warrant that I have thoroughly read all of the information available in that section:

**Cash Management Procedures** ..... \_\_\_\_\_  
**Claims Management** ..... \_\_\_\_\_  
**Mail Management** ..... \_\_\_\_\_  
**Record Keeping** ..... \_\_\_\_\_

By signing this statement, I also confirm my understanding that intentionally misrepresenting my review of the on-line risk management materials will result in the immediate termination of my Errors & Omissions insurance policy.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name (print): \_\_\_\_\_

Policy Number: \_\_\_\_\_

**PLEASE FAX COMPLETED FORM TO 302-762-4200**