

## TEMPORARY LEAVE OF ABSENCE APPLICATION

I \_\_\_\_\_ do hereby request to be considered for the Temporary Leave of Absence.

This is to acknowledge that I have have/will be Temporarily Disabled or will be on Leave of Absence for a period of not less than 45 days beginning on \_\_\_\_\_ and terminating on \_\_\_\_\_.

### Definition of Coverage

Coverage will not be provided for any claims that occur during the Leave of Absence. However, with the endorsement, coverage is provided for those claims or incidents reported during the Leave of Absence period that occurred subsequent to the retroactive date and prior to the Leave of Absence Period.

### Reason for Temporary Leave of Absence

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please note: If Temporary Leave is due to Medical disability, a written statement from the attending Physician is required. The statement must be signed and dated. It should contain specific details of the disability.

This signed application will be attached to your Leave of Absence endorsement and will become a part of your policy.