



Acknowledgment and Consent- New Mexico

(To be attached to the Application
and the Policy)

DEFENSE WITHIN LIMITS RETENTION DISCLOSURE

I ACKNOWLEDGE BY MY SIGNATURE BELOW THAT I UNDERSTAND AND AGREE THAT **CLAIMS EXPENSES** THAT ARE INCURRED SHALL BE APPLIED AGAINST THE RETENTION UP TO 50% AND, IN SUCH EVENT, THE **INSURER** SHALL BE LIABLE FOR **CLAIMS EXPENSES** EXCEEDING SUCH PERCENTAGE.

APPLICANT EDUCATIONAL INSTITUTION

SIGNATURE (PRESIDENT, OFFICER, DIRECTOR OR EQUIVALENT EXECUTIVE)

PLEASE PRINT OR TYPE NAME

TITLE

DATE