



**AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA**  
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**DENTISTS PROFESSIONAL LIABILITY COVERAGE PART**  
**(CLAIMS MADE) FORM CNA101431XX**

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**NOTICE OF IMPORTANT PROVISIONS MONTANA**

THIS COVERAGE PART PROVIDES CLAIMS MADE AND REPORTED COVERAGE, WHICH APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD IN ACCORDANCE WITH THE PROVISIONS OF THIS POLICY.