



## **STATEMENT OF NO KNOWN CLAIMS/LOSSES**

(This statement must be completed, signed and returned with the completed application).

My signature below confirms that:

1. I have no known losses or claims that have not been reported to my prior insurance carrier.
2. I have no knowledge or information relating to a **MEDICAL INCIDENT** which could reasonably result in a claim, that has **NOT** been reported to a prior insurance carrier.
3. I have no knowledge of **ANY REQUEST FOR MEDICAL RECORDS** which might result in a claim.
4. I have no knowledge or information relating to service or services on a Board which might result in a claim.
5. No prior professional liability carrier has **REFUSED** coverage for, or **DECLINED** to accept a report of a medical incident, threat of a claim, letter of intent, adverse result notice or attorney contract.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed \_\_\_\_\_