GenStar

STATEMENT OF NO KNOWN CLAIMS/CIRCUMSTANCES

PROFESSIONAL LIABILITY INSURANCE
MISCELLANEOUS HEALTHCARE FACILITIES

Note: This statement must be signed and returned with the completed application.

The signature below confirms that:

- I have **no** known losses or claims that have not been reported to my prior insurance carrier or any other source from which payment might be made;
- I have **no** knowledge of acts, omissions or circumstances that relate to a professional service(s) which could reasonably result in a claim, that has not been reported to a prior insurance carrier;
- I have **no** knowledge of any request for medical records by a patient or his/her attorney which might result in a claim;
- I have **no** knowledge or information relating to service or services on a Board which might result in a claim; and
- I have **no** knowledge of any prior professional liability carrier refusing coverage for, or declining to accept a report of a specific act, omission or circumstance involving particular and specific professional service(s) that may result in a claim, threat of claim, letter of intent, adverse result notice or attorney contact.

The applicant declares that the information contained herein is accurate and that no material facts have been suppressed. The applicant understands and acknowledges that the information contained in the application is deemed material and that any policy issued by the Company is done so in reliance upon the truth of the applicant's representations. The applicant understands that incorrect information could void coverage.

Signature:	Date:
Printed Name:	