



Statement of No Claims / Losses

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

My signature below confirms that:

1. The Insured has reviewed, or has had an opportunity to review, the proposed insurance Policy from the Company. All capitalized terms referenced herein shall have the same meaning afforded to them in the Policy.
2. The Insured has conducted a diligent search and investigation as part of completing this Statement of No Claims/Losses and represents and warrants to the Company the following:
 - a. No Claims, Occurrences, facts, circumstances, or situations exist that have not been previously reported to the Insured's prior insurance carrier;
 - b. No requests for medical records have been made to any Insured, which refer to a potential lawsuit, medical malpractice action, or pre-suit proceedings;
 - c. No requests for medical records have been made to any Insured about which any Insured knew (or should have known) and could have reasonably foreseen that such request might be expected to be the basis of a Claim; and
 - d. No prior insurance carrier has refused or denied coverage for any Claims made against any Insured for the previous five (5) years.
3. To the extent ANY of the above statements or representations contained in Section 2 are untrue or inaccurate, the Insured acknowledges and agrees that the Company may seek to rescind or cancel the Policy and/or that the Policy may not afford coverage for any Claim, Occurrence, fact, circumstance, or situation based on, arising out of, or in any way involving such untrue statements or representations, whether or not any Insured knew that the Application contained an untruthful or inaccurate disclosure.
4. The person signing this Statement of No Claims/Losses further represents and warrants to the Company the following:
 - a. He / She is an authorized agent of the entity(ies) and/or individual(s) seeking insurance from the Company; and
 - b. He / She is authorized to complete this Statement of No Claims/Losses on behalf of the entity (ies) and/or individual(s) seeking insurance from the Company.

Signature

Date

Name