
WARRANTY STATEMENT NO KNOWN CLAIMS OR CIRCUMSTANCES

By initialing or checking each statement below, the undersigned warrants the following:

_____ I have no knowledge of any claim, loss, notice of intent to sue or suit that has **not** already been reported to any current or prior insurance carrier or any other source from which payment or coverage might be made.

_____ I have no knowledge of any fact, situation, circumstance, condition, defect or suspected defect that relates to a medical incident arising out of professional service(s) which could reasonably result in a claim or suit (**regardless of whether or not the claim or suit would have merit**) that has **not** already been reported to any current or prior insurance carrier or any other source from which payment or coverage might be made.

_____ I have no knowledge of any request to me and/or my medical practice for patient medical records from a patient, patient's legal representative or other authorized third party alleging, accusing or investigating possible malpractice or breach of duty that has **not** already been reported to any current or prior insurance carrier or any other source from which payment or coverage might be made.

_____ I have no knowledge of any request to me and/or my medical practice for patient medical records from a patient's legal representative or other authorized third party made after the death of a patient previously in my care that has **not** already been reported to any current or prior insurance carrier or any other source from which payment or coverage might be made.

_____ I have no knowledge of any bad outcomes arising out of professional service(s) that resulted in the death of a patient that have **not** already been reported to any current or prior insurance carrier or any other source from which payment or coverage might be made.

Date (Mo./Day/Yr.)

Applicant Signature

Print or Type Name / Title