GeneralStar™

## Statement of No Known Claims/Circumstances

## MISCELLANEOUS HEALTHCARE FACILITIES CLAIMS-MADE COVERAGE

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

The signature below confirms that on behalf of the applicant:

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

I understand the information submitted herein becomes a part of my Insurance Application and is subject to the same warranty and conditions.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPRESSED OR MISSTATED.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Signature of Owner, Officer or Partner _____ Date _____

Print or Type Name and Title _____