



**NO KNOWN OR OPEN
CLAIMS DECLARATION**

Policy# _____ **Cert#** _____

After diligent inquiry of my staff and employees, I am not aware of any actual, pending or threatened claims against me, or my practice, which are not listed on my application for professional liability insurance with The Doctors Company, regardless of whether those actual, pending, or threatened claims are covered in full, in part, or not at all by insurance.

I acknowledge that the failure to disclose any actual or threatened claims which I am aware of, or which would be disclosed by reasonable inquiry, will likely void coverage for any such claim(s) under any policy(ies) of insurance which may be issued by The Doctors Company.

I acknowledge that my prior professional liability insurance is claims-made insurance and that if I cancel that policy without purchasing an extended reporting endorsement (tail coverage), there will be no coverage for any claim from any act or omission that took place during that period of claims-made coverage with my prior insurer.

I understand that I may apply to The Doctors Company for a policy with a retroactive date back to the first day of my previous claims-made policy(ies) and that, if issued, retroactive coverage would insure me for claims made against me for incidents that took place after the retroactive date and while my previous claims-made insurance was in effect, but that were not brought to my attention until after the effective date of The Doctors Company's policy.

I further acknowledge that retroactive coverage does not and would not cover claims that have been filed against me or reported to the previous insurers prior to the effective date of the policy with The Doctors Company. I understand that any claims and all conduct, circumstances, or incidents that could reasonably be expected to result in a claim must be reported to my present carrier prior to the requested effective date of any insurance with The Doctors Company and that The Doctors Company will not defend or indemnify me for any such claims and that I will have no claim against The Doctors Company for such claims.

I understand that this declaration is incorporated into and is a part of my application for insurance.

Signature

Dated:

Print or type name

INSURANCE FRAUD WARNING

COLORADO

"It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies."

DISTRICT OF COLUMBIA

"WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

FLORIDA

"Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

KENTUCKY

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

LOUISIANA

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

MAINE

"It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits."

MARYLAND

"Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

MISSOURI

"An insurance company or its agent or representative may not ask an applicant or policyholder to divulge in a written application or otherwise whether any insurer has canceled or refused to renew or issue to the applicant or policyholder a policy of insurance. If a question of this nature appears in this application, you should not respond."

NEW JERSEY

"Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

NEW MEXICO

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties."

NEW YORK

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

NOTE: The fraud warning statements must be placed immediately above the space provided for the signature of the person executing the application.

OHIO

"Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

OKLAHOMA

"WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony." The absence of such a statement shall not constitute a defense in any prosecution."

PENNSYLVANIA

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

TENNESSEE

"It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

VIRGINIA

"It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits and civil damages."

WEST VIRGINIA

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."