



WARRANTY OF NO KNOWN CLAIMS/LOSSES

(This Warranty is deemed incorporated into the Application and any policy issued by CARE, even if not physically attached.)

The undersigned warrants that, as of the date signed below, and after reasonable and diligent inquiry and investigation:

1. I have no knowledge of any facts or circumstances that might reasonably be expected to give rise to a **Claim** under the proposed policy.
2. I have no losses or claims that have not been reported to a prior insurance carrier.
3. I have no knowledge of any adverse outcome from any medical procedure performed, medical treatment provided, advice given, diagnosis provided, or lack of any of the foregoing, in the past ten years that has not been reported to a prior insurance carrier.
4. I have not received (and my office has not received) any request for medical records sent by or on behalf of any attorney or law firm in the past ten years.
5. I have not received (and my office has not received) any written complaint (including informal, non-legal complaints) from, or on behalf of, any patient relating in any way to the treatment (or failure to treat) such patient during the past ten years.
6. I have no knowledge of any complaint, inquiry, or investigation, formal or informal, by any regulatory body, board, or organization concerning me or my office.
7. No prior professional liability carrier has ever refused coverage for, or declined to accept notice of, any of the foregoing numbered one through six.

It is hereby understood and agreed that if any of the foregoing facts or circumstances – numbered one through seven – exist, whether or not disclosed, CARE is not obligated to defend or pay any **Defense Costs, Damages**, judgements, settlements, loss, indemnity, or **Medical Payments** on account of any **Claim** based on, arising out of, or in any way involving, in whole or in part, such facts and circumstances.

I understand that I have a continuing obligation to immediately advise CARE if I become aware of any of the foregoing, numbered one through seven, between the date I sign this Warranty and the effective date of any policy issued by CARE.

I hereby warrant that the foregoing is true and accurate, and I understand that CARE materially relies on the accuracy of this Warranty.

Signature _____

Print Name _____

Date _____