

WARRANTY (No Known Claims or Incidents Statement)

(This Warranty is deemed incorporated into the Application and my 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:

I declare that all known Claims and incidents have already been reported to my prior and/or current carrier.

Please initial _____

I have no knowledge of any facts, circumstances or incident that might reasonably be expected to give rise to a Claim under the proposed CARE policy.

Please initial _____

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 or CARE.

Please initial _____

These procedures/incidents include, but are not limited to:

- Death of a patient or fetus;
- Birth of a newborn, brain damage patient, including cerebral palsy;
- Unexpected organ failure;
- Paraplegia, quadriplegia or significant neurological or functional deficit;
- Failure to diagnose cancer or infection resulting in death or disability of a patient
- Tear or perforation of an organ or body part or other complications during an invasive procedure;
- Complications from a surgical procedure, corrective surgery, retained foreign bodies, improper medication or dosage;
- Delay in diagnosis resulting in substantial disability or disfigurement of a patient;
- Patient not contacted for suspicious or positive X-ray, Mammogram or other tests or procedures.

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.

I have no knowledge of any complaint, inquiry, or investigation, formal or informal, by any regulatory body, Medical Board, or organization concerning me or my office.

I declare that I have NO knowledge of any incident that a liability carrier has refused coverage for or declined to accept a report of a medical incident, threat of a **Claim**, letter of intent, an adverse result notice or attorney contact.

I declare that I have NO knowledge of any patients who are unsatisfied with the results of my medical treatment and I have NO knowledge of a patient or attorney contacting me or my office requesting patient records.

It is hereby understood and agreed that if any of the foregoing facts or circumstances as described above exist, *whether or not disclosed*, CARE is not obligated to defend or pay any **Defense Costs, Damages**, Judgments, 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 incident or **Claim** or any other items as listed above between the date I sign this Warranty and the effective date of CARE's **Policy**.

When and if additional insureds are added to my **Policy**, they too are obligated to report existing, pending or potential **Claims** or incidents. Failure to report a realized or potential **Claim** or incident could result in denial of coverage.

I hereby warrant the above to be complete and true. I acknowledge that this Warranty is key material basis for CARE's agreement to issue the contemplated **Policy** of medical liability insurance. I absolutely understand the implications of signing this document and have no questions about this document.

Signature _____ Print Name _____ Date _____