

PPIA

NO KNOWN CLAIMS DECLARATION: I DECLARE THAT I AM NOT AWARE OF, NOR DO I HAVE ANY KNOWLEDGE OF ANY CLAIM OR INCIDENT, ANY UNREPORTED CONDUCT, OR ANY CIRCUMSTANCES OR OCCURRENCE WHICH COULD REASONABLY BE EXPECTED TO RESULT IN A CLAIM AGAINST ME SUBSEQUENT TO THE DATE OF MY SIGNATURE BELOW THAT I HAVE NOT ALREADY REPORTED TO MY PREVIOUS PROFESSIONAL LIABILITY CARRIER AND WHICH I HAVE NOT DISCLOSED ON MY APPLICATION TO PHYSICIANS PROFESSIONAL INDEMNITY ASSOCIATION.

I HAVE REPORTED ALL CLAIMS AND ALL FACTS OR CIRCUMSTANCES THAT COULD GIVE RISE TO A CLAIM TO APPROPRIATE CARRIER(S) AND UNDERSTAND THAT ALL SUCH KNOWN CLAIMS OR POTENTIAL CLAIMS WILL NOT BE COVERED BY THIS INSURANCE. I ALSO UNDERSTAND THAT THIS INSURANCE DOES NOT APPLY TO ANY OF THE FOLLOWING:

- A. ANY INCIDENT OR CLAIM FOR WHICH I HAVE RECEIVED NOTICE OF CLAIM.
- B. ANY INCIDENT OR CLAIM FOR WHICH A LEGAL ACTION HAS BEEN FILED AGAINST MY EMPLOYEES OR ME.
- C. ANY INCIDENT OR CLAIM UPON WHICH ANY COMPANIES PREVIOUSLY INSURING ME HAVE PREVIOUSLY ESTABLISHED A CLAIM FILE.
- D. ANY INCIDENT OR CLAIM ARISING OUT OF ANY FACT, CIRCUMSTANCES, OR SITUATION INDICATING THE POSSIBILITY OF A CLAIM WHICH WAS KNOWN TO ME AS OF THE EFFECTIVE DATE OF INSURANCE FOR WHICH I AM APPLYING.

Signature in full

Date

_____ MD / DO
Name – Please print