



## WARRANTY STATEMENT OF NO KNOWN CLAIMS OR CIRCUMSTANCES

**NOTE: THIS DOCUMENT MUST BE SIGNED, DATED AND RETURNED WITH THE APPLICATION.**

By affixing my signature below, I warrant that other than that or those claims, suits or circumstances specifically reported, detailed and disclosed on my application for insurance with Aspen American Insurance Company (the "Company"), I have no knowledge of:

- 1) a claim, loss or suit that has not been reported to any prior insurance carrier or any other source from which coverage may be provided or payment made;
- 2) any fact, situation, circumstance, incident, condition, defect or suspected defect that relates to a medical incident arising out of or involving professional service(s) which could reasonably result in a claim or suit that has not been reported to any prior insurance carrier or any other source from which coverage may be provided or payment made. This includes but is not limited to my warrant that I have no knowledge of any of the following that relates to a medical incident arising out of or involving professional services:
  - a. amputation
  - b. Death
  - c. loss of major organ function
  - d. permanent neurological injury;
- 3) any current or prior professional liability carrier/insurer refusing coverage for, or for declining to accept a report of a medical incident involving a specific act, error, omission or circumstance that may result in a claim or suit, threat of claim or suit, letter of intent, an adverse action or result notice or attorney contact;
- 4) a request for patient medical records by any current or former patient, patient's family or patient's legal representative which might reasonably result in a claim or suit;
- 5) threatened litigation or request from any current or former patient, patient's family or patient's legal representative for payment;
- 6) any information related to any service(s) on any Board which might reasonably result in a claim or suit.

Please note, the disclosure of claim(s), suit(s) or facts relating to an incident that might reasonably result in a claim in response to any question in a Company Application or in any Supplement related thereto does not constitute notice to the Company for the purpose of reporting a claim, potential claim or incident under your policy, nor shall there be coverage for any claim made against you arising from this information under any Company policy that may become effective on or after the date of such disclosure.

If a policy is issued, this Warranty Statement of No Known Claims or Circumstances will become a part of the policy, as if physically attached thereto.

\_\_\_\_\_  
Date (Mo./Day/Yr.)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Title