

	<p style="text-align: center;">GENERAL STAR INDEMNITY COMPANY</p> <p style="text-align: center;">Statement of No Known Claims/Circumstances</p> <p style="text-align: center;">PHYSICIANS AND SURGEONS CLAIMS-MADE COVERAGE</p>
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Note: This statement must be signed and returned with the completed application.

The signature below confirms that:

- I have **no** known losses or claims that have not been reported to my prior insurance carrier or any other source from which payment might be made;
- I have **no** knowledge of facts or circumstances that relate to a medical incident(s) arising from professional services which could reasonably result in a claim, that has not been reported to a prior insurance carrier;
- I have **no** knowledge of any request for medical records by a patient or his/her attorney which might result in a claim;
- I have **no** knowledge or information relating to service or services on a Board which might result in a claim; and
- I have **no** knowledge of any prior professional liability carrier refusing coverage for, or declining to accept a report of a medical incident, threat of claim, letter of intent, adverse result notice or attorney contact.

The applicant declares that the information contained herein is accurate and that no material facts have been suppressed. The applicant understands and acknowledges that the information contained in the application is deemed material and that any policy issued by the Company is done so in reliance upon the truth of the applicant’s representations. The applicant understands that incorrect information could void coverage.

Signature: _____ Date: _____

Printed Name: _____