

In the event that an Insured chooses to purchase Prior Acts Coverage then the following warranty statement must be completed, dated and signed by the Insured before any such Prior Acts Coverage can become effective. The signing of this statement alone does not guarantee that Pennsylvania Physicians' Reciprocal Insurers will be bound to offer the Prior Acts Coverage to the Insured.

**Prior Acts Coverage - Warranty Statement**

In consideration of the premiums charged under the above policy, the undersigned warrants that as of *(effective date)* \_\_\_\_\_ all known claims or suits or medical incidents which occurred during the retroactive period *(retro date)* \_\_\_\_\_ to *(effective date)* \_\_\_\_\_ have been reported to our previous insurance carrier, *(insurance carrier)* \_\_\_\_\_.

It is also warranted that any and all acts, medical incidents and/or circumstances, of which any director, shareholder, officer, or employee of *(insured name)* \_\_\_\_\_ is aware, and which might reasonably be expected to result in a claim under the proposed coverage afforded by this policy, were disclosed to *(broker)* \_\_\_\_\_ prior to binding of such coverage *(effective date)* \_\_\_\_\_ are listed below:

These warranties are material to the acceptance of coverage by the Insurer, and the warranties are made a part of the insurance policy. This policy would not be offered or placed in the absence of such warranties.

Further, *(insured name)* \_\_\_\_\_ acknowledges and agrees that any claims resulting from medical incidents committed prior to the binding of coverage, and of which *(insured name)* \_\_\_\_\_ is aware, are specifically excluded from coverage under this policy. *(Insured name)* \_\_\_\_\_ acknowledges and agrees that such excluded claims would not have coverage under the policy of any other carrier, unless properly reported to such insurance carrier under the terms and conditions of such policy.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

ACKNOWLEDGED AND AGREED:

SIGNATURE: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_