



## Acknowledgment of Reporting any Claims and Known (or should have known) Incidents Statement

We need to verify that all of the adverse events, as described below have been reported to your current or prior carrier including future carriers. Please indicate your agreement with each of the LOSS statements below with your initials as well as your signature and Date at the bottom of the page.

I declare that all known claims and incidents have already been reported to my current, prior and future professional liability carrier/s \_\_\_\_\_

(name of carrier/s)

(initials)

I declare that I have NO knowledge or information relating to any serious medical incident(s) which could likely result in a claim for any of the conditions listed below that have not been already reported to prior, current and future insurance carrier(s). These include, but are not limited to incidents resulting in:

- Death of a patient, fetus, or newborn, including those related to surgery or procedure \_\_\_\_\_
- Brain damage including anoxic encephalopathy and cerebral palsy \_\_\_\_\_
- Paraplegia, quadriplegia, spinal cord injury or other neurologic deficit \_\_\_\_\_
- Partial or total loss of limb, including shoulder dystocia \_\_\_\_\_
- Sensory or reproductive organ loss or impairment \_\_\_\_\_
- Substantial disability of the patient \_\_\_\_\_
- Disfigurement of the patient \_\_\_\_\_
- Return to the operating room to treat a complication of the initial surgery. This includes those patients who have sustained a complication of a procedure where surgical intervention is required to treat the complication of that procedure \_\_\_\_\_
- Delay in diagnosis of a malignancy or other serious medical condition \_\_\_\_\_
- I declare that I have NO knowledge of any incident or claim for which I have received (or may receive in future) notice of claim. \_\_\_\_\_

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[www.positivephysicians.com](http://www.positivephysicians.com)

- I declare that I have NO knowledge of any incident or claim for which a legal action has been filed (or may be filed in future) against my employees or me.
- I declare that I have NO knowledge or information relating to any state board complaint or investigation, which might reasonably result in a claim.
- I declare that I have NO knowledge of any incident(s) that a liability insurance 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.

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I acknowledge that the failure to disclose any actual or threatened claims and incidents (including should have known incidents) which I am aware of, or which would be disclosed by reasonable inquiry, will likely void coverage for any such incident(s), claim(s) under any policy(ies) of insurance.

What about claims that have not yet happened? If I know of any **POTENTIAL CLAIMS & INCIDENTS**, i.e., events or incidents which happened prior to the effective date of my policy and which might mature into a claim, then I must report them. When and if additional insureds are added to my policy, they too are obligated to report existing, pending or potential losses. **Failure to report a realized or potential claim and should have known incidents could result in denial of coverage for these claims and known incidents.**

This statement must be signed, Dated and received by PPIX, prior to binding coverage.

Please complete the Claims Report Supplement provided for pending & closed claims including ALL known incidents (including should have known incidents) that took place.

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Signature

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Print Name

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Date

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Address