



**DOCTORS'  
ARMOR**  
by Physicians Indemnity

## **No Known Claims or Incidents Statement**

*PLEASE NOTE THAT THIS STATEMENT EMPHASIZES NOT ONLY CLAIMS BUT ALSO INCIDENTS THAT HAVE NOT YET DEVELOPED INTO A CLAIM.*

I (Full Name), \_\_\_\_\_, am aware of:

### **1) The purpose of my policy:**

- a. The purpose of my policy is to protect me against unknown risks.
- b. The known loss doctrine is a common law concept. It provides that I may not obtain insurance for a loss that I know either has already taken place, or is in progress.
- c. Attempting to secure insurance without notifying my insurer of a known loss is a type of fraud and can result in the rescission of my policy.

### **2) My responsibility regarding potential claims:**

- a. To protect my coverage, I should ask "Do I, as a reasonable insured, have reason to know of existing, pending, or potential losses?"
- b. If I am aware that there is a reasonable probability that I will suffer a loss, I must report it and, in the event of a claim, be ready to show that the loss in question was not known to me before coverage took effect.

### **3) Additional Questions:**

- a. Am I aware of any act, error or omission or circumstances which could result in a malpractice claim or suit being made against me?
- b. If yes, has this been reported to my current or prior carriers?
- c. To the best of my knowledge, in the last five (5) years of my practice, have any of the following adverse results occurred? If yes, I will attach a separate detailed statement:
  - i. Unexpected death including still births. If yes, how many?
  - ii. Unexpected organ failure or significant neurological or function deficit?
  - iii. Failure to diagnose cancer or infection resulting in patient death or disability?
  - iv. Tear or perforation of an organ or body part during an invasive procedure, or unplanned removal of a normal organ or body part during an operative procedure?
  - v. Complications from improper medication or improper dosage?

- vi. Pathological and/or operative reports which do not match?
- vii. Suspicious or positive X-ray, pap smear or mammogram where patient was not contacted?
- d. Do I have any patients who are unsatisfied with the results of medical treatment?
- e. Has any patient or attorney contacted me for patient records?

What about claims that have not year happened? If I know of any POTENTIAL CLAIMS, (i.e, events of 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 could result in denial of coverage.

**This Statement must be signed and received by Physicians Indemnity Risk Retention Group prior to coverage.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Insured Signature

\_\_\_\_\_  
Printed

***Please return to PIRRG by fax (888-608-6327) or  
email (info@pirrg.com)***