



PRIOR ACTS COVERAGE SUPPLEMENTAL APPLICATION

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

- 1. Are procedures in place that require the documentation of alleged wrongful acts/incidents with a contemporaneous written report?
2. Are such incident reports maintained in a central location?

If "No," describe record maintenance procedures: \_\_\_\_\_

3. Name and Title of the person responsible for maintenance of incident report records: \_\_\_\_\_

4. Total number of wrongful acts/incidents recorded from \_\_\_\_\_ (retroactive date on existing policy) until \_\_\_\_\_ (today's date)? \_\_\_\_\_

5. How many of these incidents have been reported to your current or former insurance carrier? \_\_\_\_\_

6. How many of these incidents have NOT been reported to any insurance carrier? \_\_\_\_\_

7. What criteria do you use to determine whether or not to report an incident to your current insurance carrier? \_\_\_\_\_

8. Are you or any of your officers, managers, partners or directors aware of any incidents for which no incident report has been completed? \_\_\_\_\_

If "Yes," how many such undocumented incidents have there been from \_\_\_\_\_ (retroactive date) until \_\_\_\_\_ (today's date)? \_\_\_\_\_

9. On a separate sheet of paper please describe each undocumented wrongful act/incident including a description of the accident, date, witness, types of injuries, name of injured persons, etc.

10. Attach copy of expiring policy declarations page.

DECLARATION AND SIGNATURE:

The undersigned declares that to the best of his/her knowledge the statements in this application and its attachments are true. The company is hereby authorized to make any investigation and inquiry deemed necessary in regard to this application.

Applicant's Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

\*SIGNING THIS FORM DOES NOT BIND THE APPLICANT OR THE COMPANY OR THE UNDERWRITING MANAGER TO BIND THE INSURANCE. Application MUST be currently signed and dated to be considered for quotation.

\* 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 the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

\* not applicable in all states