



TDC Specialty Insurance Company  
TDC National Assurance Company  
(Stock companies owned by The Doctors Company)  
(hereafter, the "Underwriter")  
Servicing Address: 29 Mill Street  
Unionville, CT 06085

## No Known Claims or Losses Declaration

I declare that I am not aware of, nor do I, or any agent, employee, representative, or any other person(s) serving or acting on my behalf, have any knowledge of any claim, notice of claim, records request, letter of intent, incident, any unreported conduct, or any circumstance or occurrence which could reasonably be expected to result in a claim against me subsequent to the date of my signature below that I have not already reported to my previous professional liability carrier and which I have not disclosed on my application to TDC Specialty Insurance Company.

I have reported all claims, and all facts or circumstances that could give rise to a claim to appropriate prior carrier(s) and understand that all such known claims or potential claims will not be covered by this insurance. I also understand that this insurance does not apply to any of the following:

1. Any incident or claim for which I have received notice of a claim.
2. Any incident or claim for which a legal action has been filed against my employees, practice or me.
3. Any incident or claim upon which any companies previously insuring me have previously established a claim file.
4. Any incident or claim arising out of any fact, circumstance, situation, transaction, event, act, error or omission indicating the possibility of a claim which was known to me as of the effective date of insurance for which I am applying.

### SIGNATURE AND AUTHORIZATION

The undersigned, as authorized agent of all individuals and entities proposed for this insurance, declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Declaration are true and complete. This Declaration is incorporated into, and is part of, the Application submitted for the proposed insurance.

Applicant Name	
By (Authorized Signature)	
Name/Title	
Date	