PROFESSIONAL UNDERWRITERS
LIABILITY INSURANCE COMPANY
A TDC Company

PRIOR ACTS COVERAGE
SUPPLEMENTAL QUESTIONNAIRE & WARRANTY STATEMENT

Name of Applicant:

1. Have any of the following occurred in your practice during the past 5 years? **If you answer "YES" to any, please complete a Professional Underwriters Liability Insurance Company Claims Information Form for each such instance.**

   a) Any unexpected death (including stillbirth)? ....YES ☐ NO ☐
   b) Any unexpected neurological or functional impairment? ....YES ☐ NO ☐
   c) Any injury to a fetus or a child during birth?...YES ☐ NO ☐
   d) Any unexpected organ failure or removal? ....YES ☐ NO ☐
   e) Any unanticipated removal of any body part during or after any invasive procedure?...............YES ☐ NO ☐
   f) Any tear, perforation or unplanned cutting of any organ or body part? ....YES ☐ NO ☐
   g) Any suspicious or positive x-ray, Pap smear or mammogram where the patient
      was not contacted? ....YES ☐ NO ☐
   h) Emergency surgery, myocardial infarction or cerebral vascular incident within 96 hours
      of your previous treatment or surgery? ....YES ☐ NO ☐
   i) Complications arising from improper medication, contraindicated medication and/or
      improper medication dosage?...YES ☐ NO ☐

   j) If you answer "YES" to any of the above, have <u>all</u> such instances been reported to and
      has coverage been confirmed by a prior insurance carrier?..YES ☐ NO ☐

2. Does your current professional liability insurer allow you to report adverse outcomes,
   medical incidents and/or medical records requests? ....YES ☐ NO ☐

   If YES, will your current insurer provide coverage from any future claims or suits that may
   arise from such adverse outcomes, medical incidents and/or medical records requests?................YES ☐ NO ☐

3. Are you aware of, or do you have any knowledge of, any act, failure to act, error, omission,
   circumstance or attorney contact which could result in a claim or suit being made against you? .....YES ☐ NO ☐

   If YES, have all such circumstances been reported to and accepted by a prior carrier?...................YES ☐ NO ☐

   If YES, please complete a Professional Underwriters Liability Insurance Company Claims Information Form for each such instance.

4. Has any professional liability insurer refused to accept your notice or report of a medical
   incident, threat of claim, letter of intent to commence legal action, attorney contact, adverse
   outcome, notice of claim, records request, or any circumstance or occurrence which could
   reasonably be expected to result in a claim or suit being made against you?...................................YES ☐ NO ☐

I hereby warrant that the above information is true and correct to the best of my knowledge. I also warrant that I have completed a Professional Underwriters Liability Insurance Company Claims Information Form as required above. I understand that the information submitted herein becomes a part of my Professional Liability Application to Professional Underwriters Liability Insurance Company and that such information is material and is used to influence the judgment of the Company in determining whether to offer coverage. I understand that signing this form does not bind the applicant or Company to complete the insurance.

Signature: **X**   Date: /   /

PULPACEX
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