



9201 FOREST HILL AVE., SUITE 200, RICHMOND, VA 23235 PHONE (800) 577-6614 FAX (804) 327-3172

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? No Yes

2. Are such incident reports maintained in a central location? No Yes

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? No Yes

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 COMPANY THE INSURANCE. Application MUST be currently signed and dated to be considered for quotation.**