



**James River Insurance
Company
and its Subsidiaries**

6641 West Broad Street, Suite 300
Richmond, VA 23230

Prior Acts Coverage Warranty

ALLIED HEALTHCARE Division
Email to AH@jamesriverins.com or,
Fax to 804-420-1054

APPLICANT'S INSTRUCTIONS:

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

PRIOR ACTS COVERAGE WARRANTY

Applicant Name: _____

1. Are procedures in place that require the documentation of accidents with a contemporaneous written report? Yes No

2. Are such incident reports maintained in a central location? Yes No
If "No", describe record maintenance procedures:

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

4. Total number of incidents recorded from _____ (retroactive date on existing policy)
until _____ (today's date): _____

5. Does your current/former insurance carrier allow incident reporting?

6. How many of these incidents have been reported to your current or former insurance carrier? **(PLEASE PROVIDE A LISTING OF ALL INCIDENTS REPORTED.)**

7. How many of these incidents with the potential for bodily injury have NOT been reported to any insurance carrier?

8. What criteria do you use to determine whether or not to report an incident to your current insurance carrier? _____

9. Are you or any of your officers, managers, partners or directors aware of any accidents for which no incident report has been completed? Yes No
If "Yes", how many such undocumented accidents have there been from _____
(retroactive date) until _____ (today's date)? _____

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

11. Any discontinued operations?

Yes No

If "Yes", please describe _____

12. Attach copy of expiring policy declarations page confirming current retroactive date and limits of liability.

NOTICE TO APPLICANT: The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

In New York: 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, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company and its Subsidiaries, 6641 West Broad Street, Richmond, VA 23230.

Applicant's Name:

Signature

Title:

Date: