Catlin Underwriting Agency, U.S., Inc. 1330 Post Oak Boulevard, Ste. 2325 Houston, TX 77056

ENTITY MEDICAL PROFESSIONAL LIABILITY INSURANCE PRIOR ACTS SUPPLEMENTAL APPLICATION

If you are requesting prior acts	coverage,	olease complete the fo	llowing questions:		
Name of applicant			Desire	ed Policy effective date	e/
Desired Retroactive date for p	rior acts cov	rerage / /			
List all previous claims-made i	nsurance ca	arriers below.			
Insurance Company	Policy Number	Policy Period	Limits of Liability	Deductible or SIR and Amount	Coverage Form
Carrier:		Effective:	\$	☐ Deductible ☐ SIR	☐ Claims-Made ☐ Occurrence
Premium:		Expiration:		\$	Retro Date:
Carrier:		Effective:	\$	☐ Deductible ☐ SIR	☐ Claims-Made ☐ Occurrence
Premium:		Expiration:		\$	Retro Date:
Carrier:		Effective:	\$	Deductible	Claims-Made
Premium:	-	Expiration:		│	☐ Occurrence Retro Date:
Carrier:		Effective:	\$	Deductible	Claims-Made
Premium:		Expiration:		│	☐ Occurrence Retro Date:
Carrier:		Effective:	\$	Deductible	Claims-Made
Premium:	-	Expiration:		│	Occurrence Retro Date:
(Attach a copy of the declara	ations page	from our most recen	t coverage).		
Has the entity ever opera disclosed on the applicat	ion submitte	d to company?	·		☐ YES ☐ NO
Have you defaulted in payment of premium, either fully or partially, or policy?				ent claims-made	☐ YES ☐ NO
3. Has the entity been contacted by an attorney either requesting records of a case in which there were unexpected injuries or advised that a malpractice action is being investigated or contemplated?					☐ YES ☐ NO
If "YES" to any of the ab	ove. please	explain on back.			
NOTE: You must sign a			sed to explain "YES	" responses.	
4. Have any of the following you desired retroactive desired reasonably be expected as Any UNEXPECTED desired.	ate as speci pected to ev ported to yo	fied above and today wolve into a claim; and wour current or former ins	vhich: which surance carrier?		
impairment, neurologic disability or disfigurem	cal or function				☐ YES ☐ NO
b. Any laceration, perfora during an invasive pro- removal, partial remov procedure?	ation, tear, p cedure requ	iring surgical interventi	on for repair; or any	unplanned	☐ YES ☐ NC
c. Any failure to diagnose of patient?	e cancer, info	ection or any other con	dition resulting in de	ath or disability	☐ YES ☐ NC
d. Any operation for removal of foreign body left in operative site by you or an associate?					☐ YES ☐ NO

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 e. Any diagnostic or operative complica medication or (2) an improper dosage 	nproper	☐ YES ☐ NC		
f. Any acute myocardial infarction or cel	rebral vascular accident du		hours of	☐ YES ☐ NC
elective surgery or other major diagn g. Any pathology and/or operative report diagnosis (major discrepancy)?			post- op	☐ YES ☐ NC
Any "YES" answers to Question 5 should attached to this application.	be listed on back and a not	ice of claims sen	t to your present insu	rer with copies
PATIENT NAME	DATE OF INCIDENT		DATE CLAIM NOTICE SENT TO INSURANCE CARRIER	
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The insurer relies upon all of the information cont and recollection. You hereby warrant and represer You further warrant and represent that all claims a insurer and therefore will not constitute a claim a insurer and therefore will not constitute a claim a insurer and therefore will not constitute a claim a issued will exclude coverage for any actual or possible or have or have not been reported to your present or You understand and agree that the insurer ma	ent that you have disclosed a and potential claims disclosed and potential claims disclosed under any subsequent policy otential claims which are known r former insurance carriers.	Il pertinent informa d herein have beer d herein have beer issued as a resul lwn, or reasonably	ation and relevant facts in reported to your prese in reported to your prese it of this application. Fu in should have been kno	regarding this subject. Int professional liability Int professional liability Int professional liability Inther, any such policy Inther, to you and which
misrepresented any material facts upon which the				
Signature		Date		

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FRAUD NOTICE

Arkansas	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an
	application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
District of Columbia	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Hawaii	For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.
Louisiana	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
New York	All commercial insurance forms, except as provided for automobile insurance: 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.
	Automobile insurance forms Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation. Fire Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or
Ohio	 circumstances shall be grounds to rescind the insurance policy. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Pennsylvania	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 subjects such person to criminal and civil penalties.
	Auto: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.
Puerto Rico	Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousands dollars (\$5,000), not to exceed ten thousands dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.
Rhode Island	Property Insurance, Real Or Personal: The insurance application form shall indicate the existence of a criminal penalty for failure to disclose a conviction of arson.
Tennessee	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
	Workers Compensation: It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.
Virginia	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
West Virginia	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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