



PRIOR ACTS APPLICATION*

for

_____ (Coverage)

Date: _____

Organization: _____

Prior Acts Date Requested: _____

Effective Date of Coverage: _____

All known incidents should be reported to your current liability carrier before the coverage expires or within the Extended Reporting Period. Failure to report all incidents, claims or potential claims to your current carrier may result in a claim not being covered.

Please have each department head search the records and canvass each employee for claims or incidents (particularly those with serious injuries involved) and report them to your current carrier. Please have the section below completed by the head of each department and signed where indicated.

AGENT: PLEASE ATTACH COPY OF EXPIRING CLAIMS-MADE POLICY

PRIOR ACTS STATEMENT

Date: _____

Department Head: _____ Organization: _____

I have searched our records and canvassed all employees regarding incidents that occurred between dates _____ and _____, and they have been reported to our current insurance carrier during the Policy Period or Extended Reporting Period and detailed information regarding the incident is attached hereto. I am not aware of any circumstances, other than those stated, which may result in any claim being made against the agency, officers, or employees.

Signature Title

(You may duplicate this form, as needed)

PRIOR ACTS COVERAGE IS ONLY AVAILABLE FOR DIRECTORS & OFFICERS LIABILITY OR PROFESSIONAL LIABILITY

* Attach to appropriate Coverage Application/Questionnaire