



## HEALTHCARE ORGANIZATION MEDICARE/MEDICAID BILLING ERRORS & OMISSIONS

Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Question:** *Does the Applicant have knowledge of any specific claims or facts, circumstances, situations, events or transactions that may result in a claim which may be covered by the proposed policy? (If "YES", attach detailed explanation).*

Yes

No

### Warranty:

The Undersigned warrants and represents that, to the best of his/her knowledge, the above statement herein is true, and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Warranty. It is represented that the particulars and answers contained in the Warranty, and any materials submitted (which shall be on file with the Underwriters and shall be deemed attached, as if physically attached) are the basis for the proposed insurance and are to be considered incorporated into and constituting a part of the proposed insurance.

The Undersigned agrees that in the event this Warranty contains misrepresentations or fails to state facts materially affecting the risk assumed by the Underwriters, any insurance issued shall be void in its entirety.

The Undersigned agrees that, if after the date of this Warranty and prior to issuance of any insurance, any occurrence, event or other circumstance should render any of the information contained in this Warranty inaccurate or incomplete, the Undersigned shall notify the Underwriters of such occurrence, event or circumstance, and shall provide the Underwriters with information that would complete, update or correct the information contained in this Warranty. Any outstanding quotations may be modified or withdrawn at the sole discretion of the Underwriters.

The Underwriters are hereby authorized to make an investigation and inquiry in connection with this Warranty as it may deem necessary.

The Undersigned warrants that they are duly authorized by the bylaws of the group or entity to execute this warranty on behalf of the group or entity, and confirms that they have made the necessary inquiries to assure underwriters of the accuracy of the statement made in this Warranty.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title