



**Cyber Solutions™ for Physicians
 Warranty Statement for \$1,000,000 Limit
 I-50 Physicians**

Name of Applicant:		MMIC Policy Number:
Number of Years in Business:	Number of Full Time Equivalent Physicians to be Covered:	Requested Effective Date:

I, the undersigned, agree and represent that:

- I. Within the last five years, no person or entity proposed for Insurance has been the subject of, or involved in, any litigation administrative proceeding, demand letter, formal or informal governmental investigation or inquiry of any type which might be covered by this Insurance, nor is any person or entity proposed for this Insurance aware of any wrongful acts, facts, incidents, or any circumstances which may result in claims. A reasonable inquiry has been made to verify this statement.
- II. To the best of my knowledge and belief, the statements set forth herein are true and complete.
- III. I acknowledge this application shall be the basis of insurance and will be attached to and made part of the policy.
- IV. If the information supplied on this application changes between the date of the application and the inception date of the policy period, I will immediately notify the underwriter of such a change, and MMIC may modify or deny coverage.

Signed: _____ Date: _____
 Authorized signature of a Principal or Officer

Print Name: _____ Title: _____

This Warranty Statement must be signed and dated no more than 30 days prior to binding. Backdating coverage is not permitted.