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***Article XI***

***Ethics Disclaimer Form***

Please answer all the following:

1. Have you had any Claims or are you aware of any circumstances that may result in a Claim arising out of your professional services (including incidents or occurrences reported to your prior carrier)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

1. Have you been sanctioned or are you currently under review by any professional ethics body, State licensing board or other regulatory body or ever had your license revoked or suspended?

\_\_\_\_\_ Yes \_\_\_\_\_ No

1. Have you had your membership in any professional organization refused, suspended or revoked or received any official reprimand from any professional organization?

\_\_\_\_\_ Yes \_\_\_\_\_ No

1. Have you had any hospital restrict, reduce or suspend your privileges or invoke probation?

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Professional Liability Insurance:**

1. Do you currently have Professional Liability Insurance?

\_\_\_\_\_ Yes \_\_\_\_\_ No

1. Please provide the name of the policy:

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Signature Date