



LANCET INDEMNITY
"THE INSURANCE COMPANY PHYSICIANS TRUST"

Lancet Indemnity Warranty Page

With the submission of this application for insurance, I accept the following conditions during the processing and consideration of my application and for the duration of the insurance that may be issued to me:

I hereby declare and warrant that the foregoing statements and particulars are, to the best of my knowledge, complete and correct and that I have not deliberately suppressed or misstated any material facts. I understand that this is an application for insurance and is not evidence of coverage.

I further acknowledge that incomplete or incorrect information could result in retroactive premium adjustment, denial of coverage or voidance of any policy issued on reliance on such information.

I HEREBY DECLARE THAT I HAVE READ THE ABOVE APPLICATION AND THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE, MATERIAL AND COMPLETE. I FURTHER ACKNOWLEDGE THAT I AM USING A PREVIOUS APPLICATION FOR INSURANCE AND WARRANT THAT ALL ANSWERS ARE CORRECT.

Date: _____ Signature: _____