

No Known Loss Certification

Company Name: _____

Address: _____

City, State Zip: _____

Please print and provide your signature, printed name, title, and today's date.

To: _____

Policy Number: To Be Determined

The undersigned is an officer of or representative duly authorized to sign on behalf of the named insured(s).

The undersigned hereby declares and certifies that he or she has personally conducted a reasonable investigation to ascertain whether there have been any losses, occurrences, accidents, or other events for which a claim for insurance coverage could be made under the terms of the proposed insurance policy ("The Policy") referenced above. On the basis of that investigation and his or her personal knowledge, the undersigned hereby declares and certifies that from _____ to _____, no claims have been made and the undersigned knows of no losses, occurrences, accidents, or other events for which a claim for insurance coverage could be made under the terms of The Policy.

The undersigned understands that the Company materially relies on the representations in this No Known Loss Certification as an inducement to bind/reinstate The Policy with an inception/cancellation date of _____. The Company may cancel The Policy and/or seek civil damages as permitted by law for misrepresentations in this No Known Loss Certification.

The undersigned further understands that if the Company becomes obligated to make any payment under the Policy with respect to any loss occurring with the period set forth above, the Company will seek reimbursement for such payment from the undersigned to the fullest extent allowed by law.

Signature: _____

Print Name: _____

Title: _____

Date: _____