

NO KNOWN OR REPORTED LOSS STATEMENT

Named Insured:

Named Insured's Mailing Address:

Reference or Policy #

I hereby certify that I am an Executive Officer of _____ and I am authorized to make the following statements on behalf of _____ and all other Insureds covered by the captioned policy regarding claims, lawsuits and events that could result in claims or lawsuits covered or potentially covered by the captioned policy.

On behalf of _____ and all other Insureds covered by the captioned policy, I hereby certify that from _____ through _____, and with the exception of the claims and lawsuits (if any) listed below:

- I am not aware of any circumstances, incidents, situations, accidents, conditions or other unresolved controversies or other matters that might give rise to a claim under this policy or any renewals thereof; and
- I understand that this Statement is used by Admiral Insurance Company as a basis for providing the insurance afforded by the captioned policy. I acknowledge that any contract of insurance issued by Admiral Insurance Company in response to this Statement will be in full reliance upon the representations made in this Statement. I am further aware that any inaccuracies or falsehoods concerning my assertion of "No Known Losses" are potentially grounds for denial of a specific claim, or cancellation or rescission of the policy of insurance.

Known Claims, Lawsuits, circumstances, incidents, situations, accidents, conditions or other unresolved controversies:

Signature:

Current Date:

Typed Name:

Title:

Notice: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance, or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.