

INSURED REPRESENTATION OF NO KNOWN LOSSES

Date: _____

Named Insured: _____

Policy Number: _____

Proposed Effective Date of Coverage: _____

The undersigned declares that no claims have been made, and that the undersigned knows of no losses, and no threats of any claims have been made, against any person or entity who or which could be covered under the proposed insurance policy referenced above (the "Policy"), and no information has been provided to the knowledge of the undersigned on any loss that could be covered under the Policy.

The undersigned declares that none of the insureds proposed for coverage have knowledge of or are responsible for any fact, circumstance or situation which they have reason to believe, as of the inception date of the Policy, might result in a future claim under the Policy or could be considered a loss covered under the Policy. It is agreed that any claim or loss resulting from any such fact, circumstance or situation is not covered under the Policy.

To the extent that any insured does have knowledge or responsibility, attach complete details of that matter to this letter when it is returned to Chubb.

After diligent inquiry, I acknowledge that I have read this statement and it is true and accurate. **I understand that the signature of one named insured is binding on any other named insured listed on the policy.**

Signature of Named Insured: _____

Print Insured Name: _____

Date: _____