

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.

This statement must be signed by an Officer or representative duly authorized by the Named Insured. The undersigned hereby affirms that he or she is authorized to sign on behalf of the named insured.

After diligent inquiry, I acknowledge that I have read this statement and it is true and accurate.

Signed: _____

Print Name: _____

Title: _____

Name of Insurance Agency (if applicable): _____

Date: _____