

“NO KNOWN LOSS” CERTIFICATION

The undersigned, as a condition precedent to the insurer’s issuing or reinstating the policy/policies listed below without a lapse in coverage, hereby certifies and warrants that between (INCEPTION DATE) _____ and to _____ (PRESENT DATE), that no losses, occurrences, accidents, or other circumstances or events occurred or were alleged to have occurred, for which a claim for coverage or defense could be made under the terms of the Policy as set forth therein. The undersigned understands that the insurer is relying solely upon this Certification of NO KNOWN LOSS as an inducement to bind the issuance or reinstatement of the policy/policies without a lapse in coverage.

The undersigned further states and understands that —if any such event as described above occurred or was alleged to have occurred during the period described above— the submission of this Certification by the undersigned constitutes a MATERIAL MISREPRESENTATION and will result in the immediate RESCISSION OF THE POLICY (as permitted by law), the denial of claims, and defense, if any, and the possible imposition of civil and/or criminal penalties. The undersigned further understands that —if the insurer becomes obligated to make any payment under the policy for a loss, occurrence, accident, or other circumstances or events occurring between _____ and to _____ (or shall incur expenses)— the undersigned shall reimburse insurer for such payment and any expenses from such payment (including reasonable attorney fees) to the fullest extent allowed by law.

The undersigned, by signing this Certification, represents that he/she has the authority to make these representations with respect to the Policy.

Signature: _____ Title: _____

Print Name: _____ Date: _____

(PLEASE LIST ALL POLICIES WITH A LAPSE IN COVERAGE)

Policyholder Name: _____

Workers’ Compensation Policy Number: _____ Effective Date: _____

BOP Policy Number: _____ Effective Date: _____

Commercial Auto Policy Number: _____ Effective Date: _____

Umbrella Policy Number: _____ Effective Date: _____

FRAUD WARNING

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 fact material thereto commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties.