

## STATEMENT OF NO KNOWN LOSSES

I, \_\_\_\_\_ hereby warrant on behalf of  
(your name)

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(name of policy/company),

that since \_\_\_\_\_ until \_\_\_\_\_,  
(date) (date)

I am not aware of any incident, event, occurrence, loss, or accident which might give rise to a demand for compensation, a civil action, suit, or institution of arbitration proceeding. I understand that if the above statement is found to be false or fraudulent, any insurance coverage obtained based in any part on my representations shall become null and void and all coverage thereunder shall be forfeited.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_