

NO LOSS WARRANTY

Policy # _____

I/We, _____, the Named Insured(s) in the above policy,
certify that there have been no losses, accidents, incidents or circumstances that might give rise to a claim
from 12:01 AM on _____ to _____.
(Expiration Date) (Reinstatement Date)

I make this warranty as a condition to quote the above policy. I understand that if my representation
proves false and a claim is presented for a loss occurring during the time frame noted in Paragraph 1,
coverage may be denied or any premium savings quoted could be denied.

Signed under the Penalties of perjury on _____
(Date and Time)

Insured's Signature and Title

Insured's Name and Address

Witness