

**STATEMENT OF NO KNOWN LOSSES**

I \_\_\_\_\_,  
(Insured's Principal Name)

on behalf of \_\_\_\_\_,  
(Insured's Business Name)

Confirm we have had no claims in the last five (5) years. Further, it is confirmed that we have no knowledge of any accidents or incidents which may give rise to a claim in the last five (5) years.

Any exceptions to this statement are to be described in the box below.

\_\_\_\_\_ signed \_\_\_\_\_  
(Insured's Signature) (Today's Date)

**EXCEPTIONS TO THE ABOVE STATEMENT**