

INSURED'S STATEMENT OF NO CLAIMS, LOSSES, OR INCIDENTS

By signing of my / our signature(s) below, I / we verify that my / our business operations operated
under the name of

was not insured by liability insurance during the previous years _____, _____, and

I further verify that this operation has not experienced any liability claims or losses during this period
or incidents during this period that could result in liability claims or losses now or in the future.

By signing this statement I acknowledge that this form shall become part of my application for liability insurance on the above stated entity. I also acknowledge that I am aware that if at any time it is discovered any of the statements of fact contained herein are concealed or falsely stated, the policy of insurance that was issued based upon these statements may be modified, rescinded, or declared void from its inception at the sole option of the insurance company and in accordance with any applicable state insurance fraud laws that will apply.

All Named Insureds Applicants Must Sign Below:

1ST APPLICANT'S SIGNATURE _____ DATE _____

2ND APPLICANT'S SIGNATURE _____ DATE _____

3RD APPLICANT'S SIGNATURE _____ DATE _____