

STATEMENT OF NO KNOWN LOSSES

To : KELLY INSURANCE GROUP, INC & ALL OF ITS INSURANCE COMPANIES,
UNDERWRITERS, AFFILIATES, & THE SURPLUS LINES MARKETPLACE

Re: ATTESTATION of no known past losses or occurrences for all lines of business applied for or requested, whether insured or not, and no circumstances existing that could reasonably be expected to give rise to a claim.

The undersigned, being duly authorized and acting on behalf of the Named Insured, hereby represents and warrants - after due diligence and reasonable inquiry - that:

1. **No known claims, losses, or incidents** have occurred, whether insured or uninsured, that may be or could arise now or in the future.
2. **No known threats, suggestions, or notices of claims** have been made, and no individual or entity is aware of any condition, event, act, error, omission, or circumstance which could reasonably be expected to give rise to a claim or loss under the Policy.
3. **No facts or situations exist**, to the best of the undersigned's knowledge and belief, as of the date of execution of this Statement, that might reasonably result in a future claim or be construed as a loss under the terms of the Policy.

It is further acknowledged and expressly agreed that any claim or loss arising from any such known fact, circumstance, or situation, whether disclosed or undisclosed, shall be deemed excluded from coverage under the Policy.

Should the undersigned have any knowledge of such matters, a full and complete written disclosure must be attached to this Statement and submitted with this form to Kelly Insurance Group.

This Statement must be signed by an Officer or other duly authorized representative of the Named Insured. By executing below, the undersigned affirms that they are duly authorized to act on behalf of the Named Insured and that the representations made herein are accurate, complete, and made in good faith.

Signature : _____

Printed Name : _____

Title : _____

Company Name : _____

Date : _____