INSURED REPRESENTATION OF NO KNOWN LOSSES

Date: ______________________________

Named Insured: ______________________________

Policy Number: ______________________________

Proposed Effective Date of Coverage: ____________

The undersigned declares that no claims have been made, and that the undersigned knows of no losses, and no threats of any claims have been made, against any person or entity who or which could be covered under the proposed insurance policy referenced above (the “Policy”), and no information has been provided to the knowledge of the undersigned on any loss that could be covered under the Policy.

The undersigned declares that none of the insureds proposed for coverage have knowledge of or are responsible for any fact, circumstance or situation which they have reason to believe, as of the inception date of the Policy, might result in a future claim under the Policy or could be considered a loss covered under the Policy. It is agreed that any claim or loss resulting from any such fact, circumstance or situation is not covered under the Policy.

To the extent that any insured does have knowledge or responsibility, attach complete details of that matter to this letter when it is returned to Chubb.

After diligent inquiry, I acknowledge that I have read this statement and it is true and accurate. This statement must be signed by all named insureds listed on this policy.

Insured Signature 1: ______________________________

Insured Signature 2: ______________________________

Print Name: ____________________________________

Date: ______________________________