



NO KNOWN LOSS LETTER AND PRIOR INSURANCE DECLARATION

Note: This statement must be signed by the Owner of the Sole Proprietorship, Managing Partner of a Partnership, LLC and or a Joint Venture or; in the case of a Corporation, by an authorized officer of the Corporation (hereafter Sole Proprietor, Partnership, LLC, Joint Venture or Corporation is referred to as the "Applicant").

The signature below confirms that during the past three years to this _____ day of _____ 20 _____ :

Check One:

- The Applicant has no known losses or claims; The Applicant has no knowledge of any facts, circumstances or information relating to any incident arising out of any of the Applicant's work or services which might result in a claim against the Applicant.
- The Applicant has no known losses or claims that have not been reported to Applicant's prior insurance carrier or any other source from which payment might be made;

The Applicant has no knowledge of any facts or circumstances that relate to any incident(s) arising from the Applicant's work or services which could reasonably result in a claim that has not been reported to a prior insurance carrier insuring the Applicant;

The Applicant has no knowledge or information relating to any facts, circumstances or incidents arising from the Applicant's work or services which might result in a claim against the Applicant; and

The Applicant has no knowledge of any insurer declining to offer coverage to the Applicant within the past five (5) years due to adverse loss history or pending claims.

Prior Insurance Coverage Declaration: The following is a list of the Applicant's prior General Liability Insurance coverage; effective dates, insurance carrier names and policy numbers:

Eff. Date	Exp./Cancel Date	Carrier Name	Policy Number	# of Claims	Total Paid/Reserved
-	-	-	-	-	-
Eff. Date	Exp./Cancel Date	Carrier Name	Policy Number	# of Claims	Total Paid/Reserved
-	-	-	-	-	-
Eff. Date	Exp./Cancel Date	Carrier Name	Policy Number	# of Claims	Total Paid/Reserved

The Applicant warrants and represents that the information contained herein is true, accurate and complete and that no facts have been suppressed or omitted. The Applicant understands and acknowledges that the information requested in this Declaration and the representations made by the Applicant in this Declaration are deemed material and that any policy issued by United Specialty Insurance Company Administered By: Contractor Managing General Insurance Agency, Inc. is done so in reliance upon the truthfulness and accuracy of the Applicant's warranties and representations. The Applicant understands that any incorrect, false or misleading information provided by the Applicant in this Declaration could result in denial of coverage or rescission of coverage or denial of all claims.

Name of Sole Proprietorship, Partnership, LLC, Joint Venture or Corporation (The "Applicant")

Applicant Signature

Print Name & Title

Street Address

City, State, Zip