

**NO KNOWN OR REPORTED LOSS STATEMENT**

Named Insured:

Named Insured's Mailing Address:

Policy Number:

I hereby certify that I am an Executive Office of  and I am authorized to make the following statements on behalf of  and all other Named Insureds covered by the captioned policy regarding claims, lawsuits and events that could result in claims or lawsuits covered or potentially covered by a Commercial General Liability policy of insurance.

On behalf of  and all other Named Insureds covered by the captioned policy, I hereby certify that, with the exception of the claims and lawsuits (if any) listed below:

- \* I am not aware of any covered, potentially covered, or un-covered claim or lawsuit alleging damages arising out of an accident that occurred, or an offense that was committed, during the period  to  and
- \* I am not aware of any other circumstance, incident or condition that has occurred that has not yet resulted in a claim or lawsuit, but which could reasonably be expected to result in a claim or lawsuit.

I understand that this Statement is used by Admiral Insurance company as a basis for providing the insurance afforded by the captioned policy. I acknowledge that any contract of insurance issued by Admiral Insurance company in response to this Statement will be in full reliance upon the representations made in this Statement.

Known Claims and Lawsuits

Signature:

Current Date:

Typed Name:

Title:

**Notice: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance, or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact, commits a fraudulent insurance act, which is a crime and may be subject to civil penalty.**