

CERTIFICATION OF NO KNOWN AND UNREPORTED CLAIMS OR INCIDENTS

Has the insured or any employee of the insured been subject to any disciplinary action by any State Agency or Insurance Department? YES NO

Have any claims or suites been made against the insured or any staff member? YES NO

Is the insured AWARE OF ANY circumstance, omission, error or offense which may result in a claim being made against the insured or any of insured's employees? YES NO

I UNDERSTAND THAT ALL SUCH UNREPORTED CLAIMS OR INCIDENTS WHICH LATER RESULT IN CLAIM WILL NOT BE COVERED BY THE COMPANY'S POLICY.

Agency/Insured

Agency/Insured

Name of Individual

Name of Individual

Title

Title

Signature of Owner or Officer

Signature of Owner or Officer

Date

Date