

LOSS WARRANTY LETTER

During the last five years, we warrant that as respects to the insurance being applied for under the Contractors Liability Program:

1. We have not sustained a loss
2. We have not had a claim made against us.
3. We have not been denied coverage or had coverage cancelled by an insurance company.
4. We have no knowledge or a reason to anticipate a claim or loss.

Partner, Officer, Principal, or Owner

Title

Date

Business Name Under Which Coverage is Being Requested