NO KNOWN LOSS LETTER

Your insurer needs this signed statement before it will reinstate, renew, issue, or extend coverage for a period that has already started. Read it carefully: the insurer relies on it, and a false statement can void coverage. If anything has happened during the period, list it in Section 4 and call us before you sign.

1 NAMED INSURED & POLICY INFORMATION

NAMED INSURED (LEGAL NAME) | DBA | FEIN

MAILING ADDRESS | CITY / STATE / ZIP | CONTACT EMAIL | CONTACT PHONE

INSURER | POLICY / BINDER / QUOTE NUMBER | POLICY PERIOD

Coverage(s) this statement applies to:

☐ General Liability ☐ Commercial Property ☐ Commercial Auto ☐ Workers' Compensation ☐ Umbrella / Excess
☐ Professional / E&O ☐ Inland Marine ☐ Cyber ☐ Management Liability (D&O / EPL) ☐ Other (list in Section 2)

2 REASON & PERIOD

This statement is needed for (check one):

☐ Reinstatement after cancellation ☐ Renewal processed after expiration ☐ New policy effective before the date it is bound ☐ Binder or policy extension
☐ Other

CANCELLATION / EXPIRATION DATE | PERIOD STARTS — DATE | TIME (E.G., 12:01 A.M.) | OTHER REASON OR COVERAGE (DESCRIBE)

3 STATEMENT OF NO KNOWN LOSS

I am an owner, officer, partner, or member of the Named Insured and am authorized to make this statement on its behalf. After asking the people in our organization responsible for operations, premises, vehicles, employees, and claims, I certify that during the period from the start date in Section 2 through the date and time I sign below, except as listed in Section 4: (a) no accident, injury, illness, property damage, theft, loss, or occurrence has taken place that could result in a claim under the coverage listed in Section 1; (b) no claim, demand, suit, or notice of intent to make a claim has been received by the Named Insured; and (c) I know of no act, error, omission, fact, or circumstance that could reasonably be expected to give rise to a claim. I understand that the insurer relies on this statement in deciding whether to reinstate, renew, issue, or extend coverage, and may decline, or reinstate with a gap in coverage. I understand that coverage does not apply to any loss or claim arising from an event that occurred or was known before coverage is accepted by the insurer, and that a false or incomplete statement may void coverage. Signing this statement does not by itself bind, reinstate, or extend coverage; only the insurer's written confirmation does.

4 EXCEPTIONS

Check one:

☐ No exceptions — nothing to report for this period ☐ Exceptions listed below (call your advisor before signing)

DESCRIBE EACH EXCEPTION: DATE, LOCATION, WHAT HAPPENED, PEOPLE OR PROPERTY INVOLVED, AND WHETHER IT WAS REPORTED

5 SIGNATURE

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties. State-specific fraud warnings appear on the insurer's application.

AUTHORIZED SIGNATURE (TYPE OR SIGN FULL NAME) | TITLE (OWNER, OFFICER, PARTNER, MEMBER) | ACTUAL DATE SIGNED | ACTUAL TIME SIGNED

PRODUCER — CORY WASHINGTON & CO. LLC | DATE SENT TO INSURER | PRODUCER SIGNATURE (TYPE FULL NAME) / DATE

Signing this statement does not bind, reinstate, or extend coverage. Some insurers require their own form (e.g., ACORD 37). This is not legal advice.