

## No Known Loss Letter

This letter must be signed by an authorized representative of the first Named Insured.

DATE: 1/25/2021		
Re: (check one)	<input type="checkbox"/> Application	<input type="checkbox"/> Policy
Policy Number (if applicable):		
ENTITY NAME:		
AUTHORIZED REPRESENTATIVE:		(Printed Name)
AUTHORIZED REPRESENTATIVE:		(Signature)
AUTHORIZED REPRESENTATIVE:		(Title)

The Authorized Representative of the applicant/Insured indicated above declares and warrants that he/she is duly authorized to make these statements on behalf of the Entity listed above and on behalf of all insureds under the coverage being applied for and/or the Policy listed above.

The applicant/Insured indicated above declares and warrants that after a diligent inquiry and review that no claims or suits have been made against the Entity named above, except as noted below, for all years in business. Additionally, the person named above as authorized representative further declares that he/she has no knowledge of any occurrence, incident, circumstance, event, happening, offense, act, error or omission which might give rise to a claim under the coverage being applied for and/or under the Policy listed above.

The applicant/Insured declares and warrants that the statements set forth herein are true and complete, that no material fact(s) has been omitted or misstated, and that this declaration is made part of this Policy, if issued. Additionally, the applicant/Insured makes this statement as an inducement to Kinsale Insurance Company to provide coverage to it/them, or, to continue the coverage under the Policy listed above, and, understands that Kinsale Insurance Company reserves the right to deny coverage for any claim or, to rescind any Policy *ab initio*, including the Policy listed above, that is issued as a result of this letter, if the statements set forth in this letter and in any attachments to this letter are erroneous for any reason.

DECLARATION OF INCIDENTS, CIRCUMSTANCES, EVENTS, HAPPENINGS, OFFENSES, ACTS, ERRORS, OMISSIONS OR OCCURRENCES WHICH MIGHT GIVE RISE TO A CLAIM UNDER THE COVERAGE APPLIED FOR AND/OR UNDER THE POLICY LISTED ABOVE: (Provide all pertinent information including but not limited to, date of incident, description, status, amounts paid, etc.)

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