REPRESENTATION OF NO KNOWN LOSS

Email to risksecure@oscis.com or include with Request for Reinstatement

OSC INSURANCE SERVICES

Date:

Named Insured:

Policy Number:

Proposed Effective Date of Coverage:

Property Address:

The undersigned declares that no claims have been made, and that the undersigned knows of no losses or events likely to result in a loss or claim have occurred in relation to my property which could be covered under the proposed insurance policy referenced above (the "Policy"), and no information has been provided to the knowledge of the undersigned on any loss that could be covered under the Policy.

The undersigned understands that their representation is an important part of the decision to insure their property and that the proposed insurance company intends to rely upon the truthfulness of this representation in connection with its decision. The undersigned further understands that an incorrect statement or omission of fact relating to this representation may prevent recovery under the Policy.

To the extent that the undersigned does have knowledge or responsibility, attach complete details of that matter to this letter.

This representation must be signed by the Named Insured or a representative duly authorized by the Named Insured. The undersigned hereby affirms that he or she is authorized to sign on behalf of the named insured.

After diligent inquiry, I acknowledge that I have read this statement, and it is true and accurate.

Insured Signature:

Print Name:

Title:

Date: