



No Prior Loss Warranty

Named Insured: _____

Policy #: _____

Effective Date: _____

Coverage Type:	Auto Liability Physical Damage General Liability Motor Truck Cargo
No Loss Period:	_____ to _____

Address: _____

Phone #: _____

Contact Person: _____

Insured Signature: _____

Print Name: _____

Date: _____

Producer Name: _____

Warranty:

The purpose of this no loss letter is to assist in the underwriting process information contained herein is specifically relied upon in determination of insurability. The undersigned, therefor, warrants that the information contained herein is true and accurate to the best of his/her knowledge, information and belief. This no loss letter shall be the basis of any insurance that may be issued and will be part of such policy. It is understood that any misrepresentation or omission shall constitute grounds for immediate cancellation of coverage or rescission of policy and denial of claims, if any. It is further understood that the applicant and or affiliated company is under a continuing obligation to immediately notify his/her underwriter through his/her broker of any material alteration of the information given.