

No Known Loss Statement

Date: _____

Insureds Name: _____

Address: _____

City, State, Zip: _____

I certify that I have had no losses, claims, accidents or knowledge of any pending or potential reason that could give rise to a claim due to my personal activities, business operations, employees or affiliates acting under of for my business for a period of three years immediately preceding the date of coverage placed with Travelers Insurance Company through Equine Insurance Specialists.

I am aware that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties.

Owner / Officer Signature: _____

Date Signed: _____