



PIE INSURANCE

Statement of No Known Losses

Date: _____

Insured Company Name: _____

We certify that the following statements are true and correct to the best of our knowledge (check all that apply):

- The named company above has maintained uninterrupted Workers Compensation coverage for _____ years without any cancellations, non-renewals, or lapses.
- We also certify that no losses have been sustained, no claims have been made against us, and we have no knowledge or reason to anticipate a claim or loss for the period indicated above.
- The named company above has not sustained a loss, had a claim made against it, and has no knowledge or reason to anticipate a claim or loss for the period of _____ to _____ during which no coverage was in place.

My signature below acknowledges that I am authorized to make this statement on behalf of the insured company named above and I understand that this warranty will be incorporated into the insurance contract.

Name: _____

Title: _____

Date: _____

_____ **Signature**

Warranty:

The purpose of this no loss letter and confirmation of prior continuous coverage is to assist in the underwriting process; information contained herein is specifically relied upon in determination of insurability. The undersigned, therefore, warrants that the information contained herein is true and accurate to the best of their knowledge, information and belief. This no loss letter shall be the basis of any insurance that may be issued and will be as part of such policy.