



# PIE INSURANCE

## **"No Loss" Statement**

Date: \_\_\_\_\_

I/We \_\_\_\_\_ (name of the company to be insured) certify that we have maintained \_\_\_\_ years of prior continuous Workers Compensation coverage with no cancellations, non-renewals, or lapses.

I/We additionally certify all of the following to be true:

1. Have not sustained a loss,
2. Have not had a claim made against us,
3. Have no knowledge or reason to anticipate a claim or loss.

I/We understand that this warranty will be incorporated into the insurance contract.

### **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.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name/Title**