

**POLICYHOLDER'S WARRANTY OF CLAIMS OR CIRCUMSTANCES**

All questions MUST be completed in full.

If space is insufficient to answer any question fully, attach a separate sheet.

1. Named Insured: \_\_\_\_\_

Policy No.: \_\_\_\_\_

2. After reasonable inquiry the undersigned authorized agent of the Insured warrants that there are no claims or losses or any facts, circumstances, situations, incidents, conditions, defects or suspected defects which might afford grounds for any claim and for which coverage may be afforded by the policy referenced above and any proposed endorsements, other than that which has already been disclosed or reported to the insurer or Shand Morahan & Company, Inc. and the following:

If none, check here [  ]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signing this document does not bind the Company to provide or the Applicant to purchase the insurance.

It is understood that information submitted herein becomes a part of the application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by director, executive officer, partner or equivalent

Signature of Insured: \_\_\_\_\_

Title: \_\_\_\_\_

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