



CLAIM / INCIDENTS WARRANTY

1. After inquiry, have any claims been made during the past five years against the Applicant or any past or present principals, partners, directors, officers or professional employees? ☐ Yes ☐ No
2. After inquiry, does the Applicant or any principal, partner, director, officer, or professional employee have knowledge or information of any circumstance or any allegation or contentions of any incident which may result in any claim being made against them? ☐ Yes ☐ No

Signature of Authorized Representative: _____

Print Name of Authorized Representative: _____

Title of Authorized Representative (must be owner or principal): _____

Named Insured & Policy/Quote Number: _____

Date: ____/____/____