

## United States Liability Insurance Group Wayne, Pennsylvania

## **Warranty Statement of No Known or Reported Losses**

I understand that coverage under this policy lapsed.

In consideration of the Company's agreement to extend coverage back in time, the undersigned declares that he or she is not aware of any fact, circumstance, situation, claim or occurrence which may result in a claim or loss which might be covered under this policy because of this extension of coverage.

Named of Insured	 
Signature	 
Date	