

General Liability Loss Warranty



AmTrust E&S Insurance Services
An AmTrust Financial Company

*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

Applicant Information

Name of Applicant: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

The above applicant is requesting General Liability coverage from Associated Industries Insurance Company or Security National Insurance Company (hereinafter collectively referred to as "Company").

Warranty

This letter is submitted in connection with the Application of the above captioned Proposed Named Insured for the proposed insurance described above. It is understood and agreed that Company has relied upon this letter as being accurate and complete, and such letter is material to the risk assumed by Company in connection with its underwriting and decision to bind coverage for the proposed Insured.

The undersigned hereby warrant and represent that they have made an inquiry of the proposed Insured, and that, as of the date this application is executed, they have no knowledge or information of any claim, fact, proceeding, circumstance, act, error or omission that has already given rise or might possibly be expected to give rise to a "Claim" (as defined below) within the meaning of the proposed insurance, against any Insured in the past or future, except for such claims, facts, proceedings, circumstances, acts, errors or omissions, if any, that have been disclosed on the attached application, regardless of the resolution of such.

On behalf of the proposed Insured, the undersigned acknowledges and agrees that no coverage shall be afforded under the proposed insurance with respect to any "Claim" arising out of, based upon or in consequence of, directly or indirectly resulting from or in any way involving any claim, fact, proceeding, circumstance, act, error or omission that the proposed Insured had any reason to expect prior to the inception of the captioned policy period and might give rise to a "Claim" against any Insured in the future.

In addition, the undersigned understands and accepts the provision that (a) coverage may be denied for any "Claim", (b) the policy may be cancelled or rescinded and/or (c) the Insured may not be offered renewal terms should it be determined by Company that the Insured violated the representations and warranties contained in this Warranty in any way.

"Claim" means a request or demand for money or services because of bodily injury, property damage, personal injury or advertising injury, received by or known by the Proposed Named Insured, including, but not limited to, the service of civil proceedings, institution of arbitration or any other alternative dispute resolution proceeding.

- The Proposed Named Insured has had no "claims" in the past five (5) years.
- A description of "claim(s)" is provided.
(Details should be attached, including date of loss, description, reserves /payments and open/closed status.)

Signature of Applicant (Must be Owner, President or Equivalent):

_____ Title: _____ Date: _____

Name of Producing Agency: _____

Producer Signature: _____ Date: _____