Tellus Edge

STATEMENT OF NO KNOWN CLAIMS OR CIRCUMSTANCES

Applicant:		**Date:**
Phone:		
Address:		
City:	**State:**	**Zip:**

By signing below, the applicant confirms that, after reasonable inquiry:

- There are no known losses or claims that have may already been reported to a prior insurance carrier, or to any other source from which claims might be made;
- There is no knowledge of facts or circumstances that relate to an occurrence, wrongful act, or incident of any type, including those caused by incremental, continuous, or progressive damage arising from any of the Insured's operations, employees, or affiliates acting on the insured's behalf which could reasonably result in a claim, that have not been reported to a prior insurance carrier;
- There is no knowledge of any requests for information by anyone, including an attorney, which might result in a claim; and
- There is no knowledge of any prior insurance carrier refusing coverage for, or declining to accept a report of any occurrence, incident, threat of claim, better of intent, adverse result notice, or attorney contact

FRAUD STATEMENT:

ANY PERSON KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS THE PURPOSE OF MISLEADNG, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURARANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

WARRANTY STATEMENT:

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of his or her knowledge. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Signing of this application does not bind the applicant to the insurer to complete the insurance.

Signature of Applicant	**Title**
Name of Applicant	**Date**