

NO KNOWN LOSS LETTER

POLICY #: _____

I, ______, affirm that there have been no known or reported losses that have occurred on or to any insured boat/yacht/vessel listed on the policy above between the date of lapse ______ to the date that I sign this statement.

Signature: D	Date:
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The insured represents that the above statements and facts are true and that no material facts have been suppressed or misstated.