



THE KEATING GROUP

144 Turnpike Rd, Suite 150
Southborough, MA 01772

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www.tkgins.com

Warranty Statement of No Known or Reported Losses, Claims, Lawsuits or Occurrences

I understand that a policy or quote issued by the Company identified below to the Insured/Applicant identified below lapsed or was never bound, as the case may be. In consideration of the Company's Agreement to provide coverage, I represent and warrant that:

1. I have no knowledge of any losses, claims, lawsuits or occurrences that have taken place or were reported during this period that will result in the submission of a claim to the Company.
2. I acknowledge that the Company is relying on this Warranty Statement in providing coverage for the indicated timeframe.
3. I acknowledge that a breach of this Warranty Statement may be grounds for the Company to disclaim coverage for any claim based on an occurrence taking place or first reported during this timeframe, in which case I/we may be liable to others as a result of such breach.

Period from 12:01am / / TO / /
Cancellation Date Date Warranty Signed

Retail Agency Name: _____

Name of Insured/Applicant: _____

Address: _____

Insurance Company Name: _____

Policy Number: _____

Policy Effective Dates: / / TO / /

Insured/Applicant Signature

Print Name and Title

 / /
Warranty Date