



**Anderson & Murison, Inc.**

**Insurance Wholesale Intermediaries**

800 West Colorado Blvd., P.O. Box 41911

Los Angeles, CA 90041 - Lic. # 0323106

Voice (323) 255-2333 FAX (323) 255-0957

www.andersonmurison.com

**WARRANTY STATEMENT OF NO KNOWN OR REPORTED  
LOSSES, CLAIMS, LAWSUITS OR OCCURRENCES**

I/we understand that a policy or quote issued by the Company 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 for the Extension Period indicated below, I/we represent and warrant that:

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

Extension Period: \_\_\_\_\_ to \_\_\_\_\_

Name of Insured/Applicant: \_\_\_\_\_

Policy Number (if applicable): \_\_\_\_\_

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Company: \_\_\_\_\_

Insured Signature: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

Warranty Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_