



BRUCE V. SCHNEIDER ASSOCIATES

The Marine Insurance Specialists

NO KNOWN LOSS AFFIDAVIT

INSURED: _____ **POLICY #:** _____

VESSEL DESCRIPTION: _____

I/ We hereby represent/ warrant that to my/our knowledge that there have been no losses, or incidents during the period of _____ to _____ which would give rise to a claim under the insurance policy captioned above.

Any known losses or incidents are noted below. It is agreed that this policy specifically excludes coverage for any known losses or incidents and the Company is not obligated to defend any such incidents or losses should a claim be presented.

Known Losses or incidents:

It is agreed that is form is attached to and made part of the policy.

_____ **Insured's signature**

_____ **Date**