



No Loss Certification Form

The undersigned, as a condition precedent to reinstating the policy listed below without a lapse of coverage, hereby states that there were no losses, occurrences, accidents or other events for which a claim for coverage could be made between _____ and _____. The undersigned understands that KEMI is relying solely upon this No Loss Certification as an inducement to bind the reinstatement of the policy without a lapse in coverage.

The undersigned further states and understands that if any loss, occurrence, accident or other event for which a claim for coverage is made occurring between _____ and _____, the submission of the No Loss Certification constitutes a material misrepresentation and will result in either a cancellation or rescission of the policy, as permitted by law, and may result in the imposition of civil and/or criminal penalties. The undersigned further understands that if KEMI becomes obligated to make any payment under the policy for a loss, occurrence, accident or other event occurring between _____ and _____ KEMI will seek reimbursement for such payment from the undersigned to the fullest extent allowed by law.

The undersigned, by signing this No Loss Certification, represents that he/she has the authority to make these representations with respect to the policy.

By: _____

Title: _____

Print Name: _____

Date: _____

Policyholder Name: _____

Policy Number: _____

Effective Date of Policy: _____