

Workers Compensation Loss Warranty

▶ _____ is requesting Workers
(Proposed Named Insured)

Compensation coverage from AmTrust North America (herein after collectively referred to as "Company").

WARRANTY

This letter is submitted in connection with the Application of the above captioned Proposed Named Insured for the proposed insurance described above. It is understood and agreed that Company has relied upon this letter as being accurate and complete, and such letter is material to the risk assumed by Company in connection with its underwriting and decision to bind coverage for the proposed Insured.

The undersigned hereby warrant and represent that they have made an inquiry of the proposed Insured, and that, as of the date this application is executed, they have no knowledge or information of any claim, fact, proceeding, circumstance, act, error or omission which has already given rise or might possibly be expected to give rise to a "Claim" (as defined below) within the meaning of the proposed insurance, against any Insured in the past or future, except for such claims, facts, proceedings, circumstances, acts, errors or omissions, if any, which have been disclosed on the attached application, regardless of the resolution of such.

On behalf of the proposed Insured, the undersigned acknowledges and agrees that no coverage shall be afforded under the proposed insurance with respect to any "Claim" arising out of, based upon or in consequence of, directly or indirectly resulting from or in any way involving any claim, fact, proceeding, circumstance, act, error or omission which the proposed Insured had any reason to expect prior to the inception of the captioned policy period might give rise to a "Claim" against any insured in the future.

In addition, the undersigned understands and accepts the provision that (a) coverage may be denied for any "Claim", (b) the Policy may be cancelled or rescinded and/or (c) the Insured may not be offered renewal terms should it be determined by Company that the Insured violated the representations and warranties contained in the Warranty in any way.

"Claim" means a request or demand for money or services because of bodily injury, received by or known by the Proposed Named Insured, including, but not limited to, the service of civil proceedings, institution of arbitration, or any other alternative dispute resolution proceeding.

The proposed Named insured has had no "claims" in the past four (4) years



A description of "claim (s)" is provided.
(Details should be attached including date of loss, description, reserves/payments, and open/closed status)

Sign Here ➡

Applicant Signature – Must Be owner, President or Equivalent

Date

Sign Here ➡

Producer Signature

Date