



WARRANTY OF NO LOSS - PAYMENT INFORMATION MUST BE MADE AT THE SAME TIME THE POLICY IS REINSTATED. Please email to RPS.Houston2.Underwriting@RPSins.com

Warranty of No Loss

In consideration for the reinstatement of the policy described below, with no lapse or gap in coverage I, the undersigned, individually and on behalf of any and all insureds, shall and do hereby warrant, guarantee and agree as follows:

I have no knowledge of any loss or damage that has occurred for which coverage might be claimed under my _____ policy, policy number _____ from the date of ____ up to a.m./p.m. on _____. I have personal knowledge about the occurrences that could form the basis of a claim under the referenced insurance policy. In addition, I have made a diligent inquiry among all other persons insured by the policy to confirm the lack of any potential occurrence that could trigger an insurance claim before signing this Statement.

I agree that if any of the foregoing statements are untrue, in whole or in part, and a loss has occurred for which coverage might be claimed under the above policy during the time period stated above, the policy is and will be considered VOID in its entirety. I further agree that in such event, no coverage exists under the above policy for any such loss or damage. If the insurance company becomes obligated to pay defense costs, fees, or expenses or make any payment under the policy for any such loss or damage, the insurance company may seek reimbursement from me, and I agree to reimburse the insurance company for such defense costs, fees, or expenses.

It is further agreed that in the event such loss or damage has occurred, whether or not disclosed herein, no coverage will be afforded for such loss or damage under the policy.

Upon signing and accepting this Warranty of No Loss, I hereby acknowledge and agree that the insurance company is relying upon this Warranty and the truth of the statements, warranties, guarantees, and agreements made herein as an inducement to and in consideration for the reinstatement of the above policy.

It is agreed that in the event any term or provision of this Warranty is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remainder of the provisions of this Warranty shall remain in full force and effect and shall in no way be affected, impaired, or invalidated.

[.....]
Insured's Signature

[.....]
Insured's Printed Name

[.....]
Date

[.....]
Insurance Company's Signature
or Agent thereof

[.....]
Date