

Policy # \_\_\_\_\_

I, \_\_\_\_\_ hereby confirm that there have been no losses or claims on my  
(Named Insured)  
\_\_\_\_\_ from the date of \_\_\_\_\_ to \_\_\_\_\_  
(Year & Model of Vessel)  
today,

\_\_\_\_\_  
(Insured's Signature)

\_\_\_\_\_  
(Insured's Name Printed)

\_\_\_\_\_  
(Date)