

**STATEMENT OF NO KNOWN CLAIMS OR CIRCUMSTANCES**

ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY COVERAGE PART  
DIRECTORS AND OFFICERS LIABILITY AND COMPANY REIMBURSEMENT COVERAGE PART  
DIRECTORS, OFFICERS, INSURED ENTITY AND EMPLOYMENT PRACTICES INSURANCE  
COVERAGE PART  
EDUCATIONAL ERRORS AND OMISSIONS COVERAGE PART  
EMPLOYMENT PRACTICES LIABILITY COVERAGE PART  
ERRORS AND OMISSIONS INSURANCE COVERAGE PART  
INFORMATION TECHNOLOGY ERRORS AND OMISSIONS INSURANCE COVERAGE PART  
PUBLIC OFFICIALS LIABILITY COVERAGE PART

**Name of Insured/Applicant:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

No Director, Officer, or Employee is aware of any fact, circumstance or situation at this date which could give rise to a claim against the Insured/Applicant and it is understood that if there is knowledge by any Director, Officer or Employee of such a fact, circumstance or situation, the above numbered policy will not apply to any claim which may result from such omission.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title