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## Declaration of No Known Loss No Material Change

- Attention:**  Hallmark Insurance Company  Hallmark American Insurance Company (CA)  
 American Hallmark Insurance Company of TX  Hallmark Specialty Insurance Company  
 Hallmark National Insurance Company

Policy Number:

Applicant/Insured Name:

Corporate Name:

The Applicant/Insured declares and warrants that after diligent inquiry, no claims or suits have been made against the applicant/insured, or, against the corporate entity or any predecessor corporate entity from Date:  to Date: .

Also, no applicant, Named Insured(s), or any person or entity which qualifies as Named Insured has any knowledge of any incident, circumstance, act, error, omission or personal injury which may give rise to a claim being made against the Applicant, Insured, or against the corporate entity or any predecessor corporate entity.

The Applicant/Insured declares and warrants that the statements set forth herein are true and no material facts have been omitted or misstated. The Applicant/Insured further declares and recognizes that this declaration is material to Hallmark E&S (Heath XS) and Hallmark Insurance Company's acceptance of the risk and that Underwriters reserve the right to rescind coverage of any policy that is issued as a result of this application if the statements set forth herein and any attachments are erroneous for any reason.

**Applicant's Signature:**  Date:

Title:

Please email the completed application to: [submissions@hallselect.com](mailto:submissions@hallselect.com).