

(Place agency letterhead here)

Fireman's Fund Insurance Company
Professional Liability Unit – Commercial Business
4000 MacArthur Blvd., Ste. 600
Newport Beach, CA 92660

RE: _____
(Agency Name)

Insurance Agents E&O Policy Number: _____

To Whom It May Concern:

I warrant that there is no claim currently pending against any party qualifying for coverage under the proposed policy that has not already been disclosed in the application for coverage.

Further, I have reviewed applicable records and surveyed all parties within the agency, and warrant that there is no circumstance or wrongful act that is reasonably likely to result in a claim that has not already been disclosed in the application for coverage.

Sincerely,

Signature

Date

Printed Name

Title