

Please accept this letter as acknowledgement with regards to my insurance submission I have no known losses for the last five years. Also I acknowledge that I will provide company loss runs within 45 days of inception.

Should I fail to provide loss runs, I understand the insurance company has the right to cancel my insurance effective either flat or pro rata at the earliest legal date.

Current Insurance Carrier _____

Company Name _____

Company Address _____

City / St / Zip _____

Your Name (print) _____

Your Signature _____

Instructions: If you are unable to send us your loss runs, please review this document. Print / copy it onto your letterhead, fill out and sign, scan and e-mail it to hotelmotel@mahoneygroup.com, or fax to your agent, or fax to: (480) 730-4929, Attention "Hotel Motel Program".

Thank you.