

## HAWAII HURRICANE RELIEF FUND

All inquiries and correspondence regarding this policy should be directed to the servicing facility.

# NO KNOWN LOSS AFFIDAVIT

Named Insured: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

\*Prior policy number unless a mid-term change

The undersigned being the named insured referenced above does, by the execution of this NO KNOWN LOSS AFFIDAVIT, request that the Hawaii Hurricane Relief Fund ("HHRF") [INSTATE A NEW POLICY / UPDATE THE CURRENT POLICY] ("the Policy") on the \_\_\_\_\_ ("the Effective Date"). In connection with such request, I do hereby acknowledge, represent and warrant that there have been no claims or losses incurred under the Policy from the Effective Date until and including the date and time of my signing of this NO KNOWN LOSS AFFIDAVIT.

As an inducement for the HHRF to [INSTATE/UPDATE] my policy, by signing the NO KNOWN LOSS AFFIDAVIT, I do hereby waive any and all rights to indemnity, reimbursement, and/or restitution as a result of any claim or loss known to me, my producers, employees or representatives which arise under the Policy from the Effective Date to the date and time of my signing of this NO KNOWN LOSS AFFIDAVIT. I also understand and acknowledge that this Affidavit is only a request for [INSTATEMENT/UPDATE] of the Policy and that discretion to reinstate rests solely with the HHRF, and the Policy will be considered as [INSTATED/UPDATE] only upon receipt of written notice to that effect from the HHRF and any such [INSTATEMENT/UPDATE] will be subject to the terms of this document.

\_\_\_\_\_  
(Signature of Named Insured Representative)

\_\_\_\_\_  
(Date and Time)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)

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### STATEMENT OF NO LOSS

NAMED INSURED INFORMATION		PRODUCER INFORMATION	
NAMED INSURED		PRODUCER NAME	
SERVICE FACILITY		CONTACT NAME	
POLICY NUMBER*		PHONE #	
APPROVED BY		EMAIL	

**I CERTIFY THAT I AM NOT AWARE OF ANY LOSSES, ACCIDENTS OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER THE INSURANCE POLICY WHOSE NUMBER IS SHOWN ABOVE,**

**FROM 12:01 AM ON**

**TO**

\_\_\_\_\_  
EFFECTIVE DATE

\_\_\_\_\_  
DATE AND TIME SIGNED

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE AND TIME

\*Prior policy number unless a mid-term change