

[TO BE TYPED IN CORPORATION'S LETTERHEAD]
NO CLAIM REPRESENTATION

[DATE]

AIG INSURANCE COMPANY-PUERTO RICO
250 MUÑOZ RIVERA AVE., SUITE 500
HATO REY, PR 00918
RE: NO CLAIM REPRESENTATION

THIS LETTER IS TO CONFIRM THAT AS OF _____ ALL THE INFORMATION CONTAINED IN THE APPLICATION REMAINS VALID
(date)
AND IF ANY CHANGES HAVE OCCURRED THEY ARE INCLUDED IN EXHIBIT A OF THIS NO CLAIM REPRESENTATION. OTHER THAN DESCRIBED IN THE FIRM'S
APPLICATION DATED _____ NO CLAIMS OR SUITS HAVE BEEN MADE AGAINST
(date)
_____ OR ANY MEMBER OF THE APPLICANT OR ANY PAST OR PRESENT OWNER, PARTNERS,
(applicants/insured's name)
SHAREHOLDERS, CORPORATE OFFICERS OR EMPLOYEES OR ITS PREDECESSORS IN BUSINESS.

IT IS FURTHER WARRANTED THAT AS OF THIS DATE NO EMPLOYEE, PRINCIPAL, OR PARTNER, DIRECTOR, OFFICER OR SHAREHOLDER IS AWARE OF ANY
CIRCUMSTANCES, ALLEGATIONS OR CONTENTIONS AS TO ANY INCIDENT WHICH MAY RESULT IN A CLAIM BEING MADE AGAINST THE APPLICANT OR ANY
OF ITS PAST OR PRESENT OWNERS, PARTNERS, SHAREHOLDERS, CORPORATE OFFICERS OR EMPLOYEES OR ITS PREDECESSORS IN BUSINESS.

SIGNATURE: _____

NOTE THAT THIS NO CLAIM REPRESENTATION MUST BE COPIED, VERBATIM, ONTO THE INSURED'S LETTERHEAD. THIS LETTER SHOULD THEN BE
FORWARDED TO AIG INSURANCE COMPANY OF PUERTO RICO, PO BOX 10181, SAN JUAN, P.R. 00908-1181