

# CANNABIS

## NO KNOWN INCIDENT LETTER FOR CLAIMS-MADE PRODUCTS LIABILITY

Note: This form must be completed by the person(s) who has authority to procure insurance in the organization and who is Aware/responsible for handling/knowning all incidents within the company (that may give rise to a claim) or claims. The incidents or claims must be listed from the date of the retroactive-date for which you are seeking.

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

Please list all known incidents or claims that you are aware of:

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I have checked with all officers/employees who may be aware of incidents or claims within the organization.

\_\_\_\_\_  
Signature of person completing this form.

\_\_\_\_\_  
Title

Date: