

Date: **February 19, 2024**

To: **ACE American Insurance Company**

RE: **Town of Munster**

Proposed Coverage Type: **Inland Marine / Project Builders Risk**

Project Name and Location: Centennial Park – Golf Pro Shop and Cart Storage  
Buildings / 1000 S Centennial Drive, Munster, Indiana 46321

Proposed Effective Date of Coverage **December 18, 2023**

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**Representation of No Known Losses**

The undersigned declares and warrants that no claims have been made, and that the undersigned knows of no losses, and no threats of any claims have been made which could be covered under the proposed coverage referenced above (the "Proposed Policy"), and no information has been provided to the knowledge of the undersigned on any loss that could be covered under the Proposed Policy.

The undersigned declares and warrants that none of the insureds proposed for coverage have knowledge of or are responsible for any fact, circumstance or situation which they have reason to believe, from **June 23, 2023 to the date of this letter**, might result in a future claim under the Proposed Policy or could be considered a loss covered under the Proposed Policy. It is agreed that any claim or loss resulting from any such fact, circumstance or situation is not covered under the Proposed Policy.

It is agreed that this warranty will be attached to and become part of the Proposed Policy referenced above.

The undersigned affirms that he or she is authorized to make and execute this warranty on behalf of **Town of Munster**.

**After diligent inquiry, I acknowledge that I have read this statement and it is true and accurate.**

**Town of Munster**

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

***[This Statement must be signed by an Officer or representative duly authorized by the Named Insured]***