



Deductible Representation Letter

Name of Applicant

Applicants requesting termination or a reduction of their deductible must read, sign and return this document. Coverage cannot be bound without it.

I represent that all known claims, suits and incidents have been identified and reported to EmPRO. I understand that failure to identify and report known claims, suits and incidents to EmPRO will result in the application of a deductible, if I have chosen termination of my deductible, or the higher deductible, if I have chosen a reduction of my deductible.

In addition, I represent that the following list is a complete accounting of all claims, suits and incidents known as of the effective date requested for this termination or reduction of the deductible, Further, I understand and agree that the claims, suits and incidents named on this list will be subject to a deductible, if I have chosen termination of my deductible, or the higher deductible, if I have chosen a reduction of my deductible,

List of known claims, suits and/or incidents:

Multiple horizontal lines for listing claims, suits and incidents.

Attach additional pages as necessary.

Applicant/Authorized Signature

Title

Printed Name

Date

Signature of Producer (signature is required for N.H. producers only)

Date

Printed Name of Producer