



SELF-EMPLOYED ARTISAN DECLARATION OF NO EMPLOYEES

I represent and warrant that the coverage provided by this policy covers me for Artisan Usage. I attest to the fact that I am self-employed and I do not have any employees.

I further understand and agree that if I have misrepresented the information stated on the application and this signed declaration that

- A) There would be no coverage in the event of a loss, and;
- B) My policy may be rescinded back to the inception of the policy.

X _____
(Please handwrite the sentence "I have read and understand this exclusion")

Signature of Named Insured _____

Date _____