

STATEMENT OF NO LOSS

INSURED NAME: _____

POLICY #: _____

I CERTIFY THAT THERE HAVE BEEN NO LOSSES, ACCIDENTS OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER THE INSURANCE POLICY WHOSE NUMBER IS SHOWN ABOVE,

FROM 12:01 A.M. ON

_____ CANCELLATION DATE

_____ DATE SIGNED

INSURED'S SIGNATURE

AGENT#

AGENT'S SIGNATURE

*** PLEASE NOTE: STATEMENT OF NO LOSS MUST BE POST MARKED WITHIN 24 HOURS OF THE ABOVE DATE.**