

**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.**