

# STATEMENT OF NO LOSS

INSURED:

POLICY #:

COMPANY:

**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 AM ON**

\_\_\_\_\_ TO \_\_\_\_\_  
CANCELLATION DATE DATE SIGNED

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRODUCER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRODUCER'S NAME