

STATEMENT OF NO LOSS

PRODUCER'S NAME, ADDRESS & PHONE NUMBER:

Include Area Code (_____)

INSURED'S NAME, ADDRESS & PHONE NUMBER:

Include Area Code (_____)

INSURANCE COMPANY'S NAME:

APPROVED BY (Underwriter):

OLD POLICY NUMBER:

NEW POLICY NUMBER:

**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 Policy Reinstated*

Applicant's Signature

Name of Applicant's Company

RECEIPT

RECEIVED BY: _____
Producer

Notary Public

Date

My Commission Expires

*Affix Notary
Seal Here*