



# STATEMENT OF NO LOSS

AGENCY		NAMED INSURED	
CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:		CARRIER	NAIC CODE
CODE:		POLICY NUMBER	
SUBCODE:		APPROVED BY	
AGENCY CUSTOMER ID:			

I CERTIFY THAT I AM NOT AWARE OF ANY 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 AND TIME SIGNED

\_\_\_\_\_

APPLICANT'S SIGNATURE

## RECEIPT

\$ \_\_\_\_\_ AMOUNT RECEIVED BY: \_\_\_\_\_

PRODUCER

\_\_\_\_\_

WITNESS

\_\_\_\_\_

DATE AND TIME