

Statement of No Loss

Agent Name/Code	Named Insured
Risk Location	Policy Number

I certify that there have been no losses, accidents or circumstances that might give rise to a claim under the insurance policy referenced above, from 12:01 am on

(MM/DD/YY) _____ To (MM/DD/YY) _____
(enter policy effective date or Cancellation date) (date signed)

Insured signature and date

Insured printed name

Witness signature and date