



Statement of No Loss

PRODUCER:	INSURED'S NAME:
CODE:	POLICY #:
	APPROVED BY:
<p>I CERTIFY 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) TO _____ (date and time signed)</p> <p>_____ Insured's Signature</p> <p>_____ Witness</p>	