

STATEMENT OF NO-LOSS

Insured:
Policy Number:
Carrier:
LOB / Coverage:

I certify that there have been no losses, accidents, or circumstances from _____ 12:01 AM to today at the time of this signing that might give rise to a claim under the policy number shown above.

Insured Signature

Today's Date & Time

**If the date and/or time is not indicated, this document will be considered to have been signed at the time the document is received by the Company.*