

Company Name:
Named Insured:
Property Address:
Policy Number:

Statement of No Loss

By signing below, I certify that I am not aware of any losses, accidents or circumstances that might result in a claim under the insurance policy whose number is shown above, from 12:01 AM on:

_____ to _____
(Date and Time Signed)

I also understand that should any representations made by me in this document prove to be false, misleading, or incorrect, the insurance company reserves the right to rescind this reinstatement, reinstitute the original cancellation, and/or deny any claims.

Name (Printed)

Signature

Broker Name:
Address:
City, State, Zip:
Phone #: