



# Statement of No Loss

Today's Date: \_\_\_\_\_ Agent# \_\_\_\_\_  
Policy Number \_\_\_\_\_ Agency Name \_\_\_\_\_  
Named Insured \_\_\_\_\_

Please read below, before signing.

By signing below, I certify that I am not aware of any losses, accidents or circumstances that might give rise to a claim under the insurance policy listed above, from 12:01 am \_\_\_\_\_ to \_\_\_\_\_.  
Cancel Date Date/Time signed

Signature of Named Insured \_\_\_\_\_ Date / Time

Named Insured (Printed) \_\_\_\_\_

Agent Name \_\_\_\_\_ Date / Time

## Receipt

Date payment received \_\_\_\_\_ Amount Received \$ \_\_\_\_\_ Method of payment \_\_\_\_\_  
Received by \_\_\_\_\_ Agent \_\_\_\_\_ Date / Time