



STATEMENT OF NO LOSSES

RE: _____

PLEASE READ BEFORE SIGNING

As a condition precedent to the acceptance of the application, I, the undersigned, as the customer or authorized representative, state that no loss has occurred for which coverage might be claimed under the _____ application # _____ between the dates of _____ and _____.

I understand that the above company is relying solely upon this statement of no losses as an inducement to accept the application. I further understand that if a loss has occurred for which coverage might be claimed under the above application on or between the dates shown above, the acceptance granted by the company is null and void and no coverage exists under the above application.

Note: Please be advised that if this company becomes obligated to make any payment under the application for any loss occurring within the period for which this statement of no losses is given, the Company will seek reimbursement from you to the fullest extent allowed by the law and seek any criminal or civil remedy which may be allowed by law.

Warning: It is a crime to provide false or misleading information for the purpose of defrauding the company or any other person. Penalties include imprisonment and/or fines. In addition, the company may deny benefits if false information materially related to a claim were provided by the applicant.

	Print Name of Insured or Authorized Representative
Witness	Signature of Insured or Authorized Representative
Company Name	Date
Producer Number	Time

Customer Name Coverage Effective Date Today's Date Contract #

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____