

# NO LOSS STATEMENT

Date: \_\_\_\_\_

Payment Amount \$ \_\_\_\_\_

Insured's Name: \_\_\_\_\_

Agency Code # \_\_\_\_\_

Policy # \_\_\_\_\_

As a condition of and in consideration for re-instatement of the above captioned policy, and for other good and valuable consideration, I \_\_\_\_\_, hereby certify that there have been no losses, accidents, or citations under the terms of the above captioned policy from \_\_\_\_\_ to \_\_\_\_\_.

I hereby agree to indemnify the company for any damage or costs incurred by them as a result of any misrepresentation in this statement.

\_\_\_\_\_

Insured's Signature

\_\_\_\_\_

Time

\_\_\_\_\_

Agent's Signature

\_\_\_\_\_

Time