



23072 Lake Center Dr Ste 214 Lake Forest, CA 92630

Tel (800) 780-9395 Fax (800) 780-9396

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## Statement of No Loss

Date \_\_\_\_\_

Name \_\_\_\_\_

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

ATTN: \_\_\_\_\_

I certify that there have been no losses, accidents or circumstances that might give rise to a claim under the insurance policy whose number is shown above from 12:01 AM on \_\_\_\_\_ to \_\_\_\_\_.  
(cancellation date) (date and time signed)

Signed X \_\_\_\_\_