



No Loss Statement

o] 1.855.INS.2474 | f] 1.866.629.9688 | e] info@Ins247.com | www.Ins247.com

Company/Client Name: _____

Address: _____

I certify that there have been no known losses, accidents, and/or circumstance that might give rise to a claim, during our policy period. If you have any questions please contact our office.

Policy Term Date:

Signature of insured:

Date:

Printed insured: