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**POLICYHOLDER  
NO LOSS STATEMENT**

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

Payment Amount: \_\_\_\_\_

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

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

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

I, \_\_\_\_\_, the named insured, represent that there have been no auto accidents during the period from \_\_\_\_\_ (cancellation date), to \_\_\_\_\_ (current date) \_\_\_\_\_ (current time) that may result in claims against my policy with the Company. I agree that this statement is the consideration for reinstatement of my auto insurance policy with the Company and that if a loss did occur during the period described herein, no coverage will be afforded for any such accident or loss under my auto insurance policy with the Company.

\_\_\_\_\_

Insured's Signature

\_\_\_\_\_

Time

\_\_\_\_\_

Agent's Signature

\_\_\_\_\_

Time

