



23072 Lake Center Dr Ste 214 Lake Forest, CA 92630

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

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 _____