

NO LOSS AFFIDAVIT

INSURED:
POLICY NUMBER:

**I / WE UNDERSTAND THAT THE ABOVE REFERENCED POLICY IS
CANCELLED AND THAT COVERAGE IS NOT IN FORCE AT THIS TIME.**

I / we hereby warrant and represent that during the period from 12:01 AM on _____
through this time today, no known losses or claims have occurred that could have been covered
under the above referenced policy of insurance. Furthermore, I / we agree that no claim will be
made for any loss that I / we know, or reasonably should have known to have occurred during
this period.

_____	_____	_____	AM	PM
Insured Signature	Date	Time		
_____	_____	_____	AM	PM
Insured Signature	Date	Time		
_____	_____	_____	AM	PM
Witness Signature	Date	Time		