



**Main Office**

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**Branch Office**

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**STATEMENT OF NO LOSS**

Policy Number: \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date & Time

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RECEIPT

\$ \_\_\_\_\_ Amount Received by: \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date & Time