

Named Insured: \_\_\_\_\_

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

### **STATEMENT OF NO LOSS**

I certify under penalty of perjury that during the timeframe listed below, I and no one else driving my vehicle have been involved in any accidents and there has been no damage to any vehicle listed on my policy from any other type of loss.

From \_\_\_\_\_ to \_\_\_\_\_  
Cancellation Date 12:01am                      Date and Time signed

\_\_\_\_\_  
Named Insured Signature

\_\_\_\_\_  
Date