

## STATEMENT OF NO LOSS

Date:

TO: James G. Parker Insurance Associates

Attn: \_\_\_\_\_  
(Agent's Name)

TO WHOM IT MAY CONCERN:

I CERTIFY THAT I AM NOT AWARE OF ANY LOSSESS, ACCIDENTS OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER THE INSURANCE POLICY WHOSE NUMBER IS SHOWN BELOW FROM 12:01 AM ON \_\_\_\_\_ TO \_\_\_\_\_.

CANCELLATION DATE

DATE AND TIME SIGNED

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

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

Carrier Name: \_\_\_\_\_

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Applicant's Signature

Title