

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: _____

Applicant's Signature

Title