

## Statement of No Loss

\_\_\_\_\_  
INSURED'S NAME

\_\_\_\_\_  
AGENCY NAME

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
AGENCY CODE

\_\_\_\_\_  
POLICY NUMBER

\_\_\_\_\_  
RISK ADDRESS

\_\_\_\_\_  
CITY / MICHIGAN ZIP CODE

\_\_\_\_\_  
APPROVED BY

**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 \_\_\_\_\_ .**

CANCELLATION DATE

DATE AND TIME SIGNED

\_\_\_\_\_  
APPLICANT'S SIGNATURE

AMOUNT TO REINSTATE: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

AGENT NAME