



*"All Your Insurance Needs . . . Under One Roof"*

**400A Franklin St. Braintree, MA 02184**

**Telephone No.: 781-843-7000 Fax No.: 781-848-6100**

### **No Loss Statement**

Date

Name of Insured

Address

Insurance Company

Policy Number

I, the named insured of the above numbered policy, warrant that there have been no accidents, damages or happenings whatsoever during the time period of:

Day/date

12:01 am to

Day/Date

12:01 am.

That may result in claims against the above named insurance company for any loss and or expense for which said company would be held liable under the above policy if it is reinstated.

It is understood that the above statement is the consideration for reinstatement of the above numbered policy as of the date of cancellation if acceptable to the insurance company.

---

Policyholder  
Signature

Date