

**NO LOSS AFFIDAVIT**

INSURED: \_\_\_\_\_

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

**I / WE UNDERSTAND THAT THE ABOVE REFERENCED POLICY IS CANCELLED AND THAT COVERAGE IS NOT IN FORCE AT THIS TIME.**

I / we hereby warrant and represent that during the period from 12:01 AM on \_\_\_\_\_  
cancellation date

through this time today, no known losses or claims have occurred that could have been covered under the above referenced policy of insurance. Furthermore, I / we agree that no claim will be made for any loss that I / we know, or reasonably should have known to have occurred during this period.

\_\_\_\_\_  
Insured Signature                      Date                      Time                      AM PM

\_\_\_\_\_  
Insured Signature                      Date                      Time                      AM PM

\_\_\_\_\_  
Witness Signature                      Date                      Time                      AM PM