

Confirmation of No Loss Statement

Date:

Policy Number:

Insured Name:

I, , hereby confirm that to the best of my knowledge and belief, there have been no losses, claims, or incidents that may give rise to a claim under the policy specified above from the inception date of coverage to the date of this statement.

I understand that this statement is a material representation, and any misrepresentation or omission may affect the validity of the insurance coverage.

Signature:

Date: