Statement of No Known Losses

Re: Policy/Quote Numb	er(s)	
I,	(Company name) , c	confirm I am not aware of
any incidences or occu	urrences between	(MM/DD/YYYY)
and (N	/IM/DD/YYYY) which could	l result in a claim against
my policy(s).		
Insured Signature		
Date Signed		