Statement of No Known Losses

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