# STATEMENT OF NO LOSS

**Producer:**

Collier Jennings/The Auto Insurance Store®
Agency Service Center
P. O. Box 6790
North Augusta, S. C. 29861
Agency Code:_____

**Insured's Name:** **Telephone Number**: (____) ____-_____

_____

**Company:** **Policy No.** _____

_____

I CERTIFY THAT THERE HAVE BEEN NO LOSSES, ACCIDENTS OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER THE INSURANCE POLICY WHOSE NUMBER IS SHOWN ABOVE, FROM 12:01 AM ON _____ TO _____.
CANCELLATION DATE DATE AND TIME SIGNED

_____
APPLICANT/INSURED'S SIGNATURE

**RECEIPT**

$_____ Amount Received By: _____
PRODUCER/WITNESS

_____
DATE AND TIME