

No Loss Statement

Request for Back Dated Coverage or Reinstatement

Named Insured: _____

Re: Policy # _____ Property Address: _____

Requested Back Dated or Reinstatement of Coverage Period, which is;

From: ____/____/____ to: ____/____/____ hereafter referred to as the "Subject Coverage Period".

After conducting a thorough inquiry I/We the undersigned, hereby represent and warrant, to the best of my/our knowledge and belief, that no insurance claim has been filed relative to the above referenced insurance policy during the Subject Coverage Period. I/we are unaware of any potential circumstance or instance that could give rise to a claim during the Subject Coverage Period.

I/we hereby waive the right to file claim under this policy for the Subject Coverage Period and I/we indemnify and hold harmless the underwriters of this insurance policy relative to any claim that has or may arise during the Subject Coverage Period.

FRAUD WARNING NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person that files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading the insurer; commits a fraudulent act, which is a crime and subjects such a person to criminal and civil penalties.

NOTE: By signing below I represent and warrant that I possess the actual authority to execute this document. Furthermore, my signature certifies the truth of the statements made above.

Signature (Owner, Partner, Officer, etc.)

Date

Name & Title (Please Print)