



STATEMENT OF **NO LOSS** FORM

Date: _____

Agency: _____ Insured: _____

Phone: _____ Policy Number: _____

Email Address: _____

I certify that I am not aware of any losses, accidents or circumstances that might give rise to a claim under the insurance policy whose number is shown above. I hereby release CFM Insurance Inc. from any claims occurring from 12:01 AM on

_____ to _____ A.M. P.M.,
CANCELLATION DATE DATE SIGNED TIME SIGNED

Applicant

Date

Agent

Date