



AmRisk Insurance & Financial Services

NO LOSS STATEMENT

NAMED INSURED: _____

POLICY NUMBER: _____

Check here if new policy / no prior coverage

I certify that there have been no liability losses or accidents that might give rise to a claim during the time period listed below.

No Loss Statement period of _____ at 12:01 am until
_____ (Date).

I will not make any claim for any liability claim arising during the period listed above. I understand that I we will be responsible for any claims that may occur during the time period listed above defined as an insured.

I agree to indemnify and hold you harmless from any and all damages, including attorney fees, arising as a result of any inaccuracy in this statement.

I understand that is relying upon this statement and would not issue this policy if any losses had occurred.

Insured's Signature

Date

Agent's Signature