 

**SHORR AGENCY.com**

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**Statement of No Loss**

|  |  |
| --- | --- |
| Named Insured |  |
| Policy Type |  |
| Policy # |  |
| Insurance Company |  |

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 below, from 12:01am on:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_­­­­­­­­­­\_\_\_\_\_\_\_ \_\_\_\_\_:\_\_\_\_\_am/pm

(cancellation date) (today's date) (time signed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Named Insured

Please return this form to Shorr Agency via email, fax or mail asap. Thank you.