

## Policy No Known Loss Form

Business Name:

First & Last Name:

Phone#:

Address:

City, State, Zip:

To whom this may concern,

I \_\_\_\_\_ (First & Last Name) of \_\_\_\_\_ (Company)

Regarding Policy # \_\_\_\_\_.

My Company has had no known losses from (Policy Start Date  
of) \_\_\_\_\_ To \_\_\_\_\_.

Signature \_\_\_\_\_ Date \_\_\_\_\_