

## **Statement of No Known Losses**

Date:

Portfolio Name:

Insured Name:

Insured Address:

Insured City:

State:

Zip Code:

To Whom It May Concern:

This letter is to certify that I am not aware of any losses, accidents or circumstances that might give rise to a claim for any location under our previous policy(ies) for a period of three years prior to the date of this letter.

-OR-

This letter is to certify that the locations that are part of this portfolio are new purchases and I/we have no knowledge of any of any losses, accidents or circumstances that might give rise to a claim.

Signed:

Title: