



**STATEMENT OF NO LOSS**

*please print or type*

Producer - Ogden Insurance	Insured's Name
PO Box 230 Petersburg, IL 62675	Telephone #
	Policy #

I certify that there have been no losses, accidents, violations, or circumstances that might give rise to a claim under the insurance policy whose number is shown above from 12:01 a.m. on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Applicant's Signature and date
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