

PRODUCER:	<i>Adriatic Insurance Company</i> 3501 N. CAUSEWAY BLVD. STE. 1000 METAIRIE, LA 70002 (504) 838-8100
INSURED NAME:	POLICY #:

## STATEMENT OF NO LOSS

I CERTIFY THAT THERE HAVE BEEN NO LOSSES, ACCIDENTS OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER THE INSURANCE POLICY WHOSE NUMBER IS SHOWN ABOVE, FROM 12:01 AM ON \_\_\_\_\_ TO \_\_\_\_\_  
Date of Cancellation Present Date/Time

Additionally, Any vehicles endorsed or listed after this date are not considered covered unless specifically accepted and confirmed in writing by the Company.

"HEREAFTER REFERRED TO AS THE "NO COVERAGE PERIOD"

I UNDERSTAND THAT ADRIATIC INSURANCE COMPANY HAS RELIED ON MY CERTIFICATION OF NO LOSS AND WILL DENY ALL COVERAGE FOR ANY CLAIM THAT AROSE DURING THE NO COVERAGE PERIOD.

\_\_\_\_\_  
SIGNATURE OF POLICY HOLDER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF POLICY HOLDER

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
WITNESS