



AMERICAN ACCESS
CASUALTY COMPANY

NO LOSS STATEMENT

NAMED INSURED: _____

POLICY NUMBER: _____

I certify that there have been no losses or accidents that might give rise to a claim under my automobile insurance policy listed above from the cancellation/expiration date of _____ at 12:01 am until _____ (date and time).

I will not make any claim against American Access Casualty Company for any claim arising during the period listed above. I understand that I will be personally responsible for any claims that may occur during the time period listed above for myself, any members of my household, and anyone defined as an insured under the policy contract.

I agree to indemnify and hold American Access Casualty Company harmless from any and all damages, including attorney fees, arising as a result of any inaccuracy in this statement.

I understand that American Access Casualty Company is relying upon this statement and would NOT have reinstated or renewed my policy without a lapse in coverage if I could not honestly sign this statement.

Insured's Signature

Date and Time

Agent's Signature