



STATEMENT OF NO LOSS

Please type or print.

Producer - Cleaveland Insurance Group	Insured's Name
1617 Second Avenue Rock Island, IL 61201	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
