



Statement of No Loss

I hereby certify that there have been no losses, accidents, or circumstances that might give rise to a claim or cause of action under the insurance policy captioned below, from 12:01 a.m. on _____ through the date and time of this Statement of No Loss.

I understand that American European Insurance Company is relying solely upon this Statement of No Loss as an inducement to provide coverage or to either reinstate or to rewrite my policy without a lapse in coverage.

I further understand that in the event that AEIC becomes obligated to make any payment under the policy for any loss or cause of action occurring within the period for which this Statement of No Loss is given, AEIC will seek reimbursement from me for the full amount of the loss and for any costs incurred by AEIC to the fullest extent permitted by law, and may seek any other remedies which may be allowed by law.

I acknowledge and agree that any false, missing, or misleading information provided or undisclosed that made the basis of this policy or reinstatement will constitute a material misrepresentation of fact, and will render the policy null and void in its entirety.

Policy Number: _____

Effective Date & Time: _____

Insured's Name: _____

Payment: _____
(Enter amount collected & method of payment)

Insured's Signature: _____ Date: _____

Agent's Signature: _____ Date: _____