



# 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 will not make any claim against American European Insurance 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 a Named Insured under the policy.

I agree that if there is an accident between the time the last policy expired and the date and time this No Loss Statement was signed, this policy will be cancelled for fraud or the policy dates changed to reflect that the policy term started the date and time the Statement of No Loss was signed.

I also agree to indemnify and hold American European Insurance Company harmless from any and all damages, including attorney fees, arising as a result of any inaccuracy in this Statement of No Loss.

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.

**NOTICE:** BEFORE SIGNING, BE AWARE THAT FALSELY SIGNING THIS STATEMENT OF NO LOSS MAY SUBJECT YOU TO THE INSURANCE FRAUD STATUTE NRS 686A. WE WILL REPORT FRAUD TO THE APPROPRIATE AUTHORITIES.

**Before signing, make sure that you have read and understand the warning regarding insurance fraud!**

Policy Number: \_\_\_\_\_

Effective Date & Time: \_\_\_\_\_

Insured's Name: \_\_\_\_\_

Payment: \_\_\_\_\_  
(Enter amount collected & method of payment)

Insured's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_