



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

STATEMENT OF NO LOSS

Producer: _____

Insured's Name: _____

Agency: _____

Policy No.: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Telephone: _____

Telephone: _____

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 _____.
Effective Date of Policy

Signature

Insured

Date and Time

Witness

Date and Time

Underwriter