
Endeavor General

STATEMENT OF NO LOSS

Date: ___/___/___

Policy #: _____

Eff Date: ___/___/___

Company: ENDEAVOR GENERAL AGENCY, LLC.

Exp Date: ___/___/___

Policy Type: PERSONAL AUTO

INSURED:

PRODUCER:

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 ___/___/___.

Applicant's Signature