



## No Loss Statement

Date:

Name:

Title:

Insured Financial Institution:

I hereby attest that the property below has been inspected and has no known or reported losses and is in good condition with no current damage.

Location for which coverage is being requested:

**Address 1:**

**Address 2:**

**City:**

**State:**

**Zip:**

**Loan Number:**

**Coverage Effective Date:**

**Last Inspection Date:**

**Fraud Warning**

*Any person who knowingly and with intent to defraud any insurance company or other person file an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties.*

Signature:

Date: