



STATEMENT OF NO LOSS

Date: / /

Policy #:

Eff Date: / /

Company: VENTURE 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