

Aegis Security Ins. Co. Policy # _____
No Loss Statement - Expiration/Rewritten within 30 days (POLICY LAPSED)

I, _____, do hereby attest that there have been no losses or damage to
(Print name of insured signing this form)
my manufactured home or on my premises from the expiration date of _____, through
the date payment was made, _____.

Signature of Insured #1 Date

Signature of Witness Date

Signature of Insured #2 Date

Signature of Witness Date

Aegis Security Ins. Co. Policy # _____
No Loss Statement - Cancellation/Reinstatement (POLICY CANCELLED)

I, _____, do hereby attest that there have been no losses or damage to
(Print name of insured signing this form)
my manufactured home or on my premises from the cancellation date of _____, through
the date payment was made, _____.

Signature of Insured #1 Date

Signature of Witness Date

Signature of Insured #2 Date

Signature of Witness Date

Agency Code: _____

Agency Name: _____

**** IF THERE ARE TWO NAMED INSUREDS, BOTH POLICYHOLDERS SHOULD SIGN
VERIFYING "NO LOSSES."**