

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 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 Date

Signature of Witness Date

Agency Code: _____

Agency Name: _____

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