



STATEMENT OF NO DAMAGE

Applicant/Named Insured: _____

Quote Number: _____

Policy Effective Date: _____

Insured Property Address: _____

THE NAMED INSURED MUST COMPLETE EITHER SECTION 1 OR SECTION 2, SIGN AND DATE BELOW

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Check if there is no loss or damage as of the date below. The insured represents and warrants that there is no structural damage or un-repaired damage to the property to be covered, and such property is in good condition and repair and there was no interruption of power or power has been restored to the dwelling.

SECTION 2 - EXISTING LOSS OR DAMAGE TO THE PROPERTY TO BE COVERED

Check if there is a loss or damage as of the date below to any property to be insured under the policy. Provide the following required information:

- Photos of damage
- Property Address
- Date of Loss
- Property Loss Type & Description
- Status of claim or repair

The applicant acknowledges and understands that further underwriting review will be required and that coverage may be declined.

Statements made herein are the basis of any insurance that may be issued. The Applicant acknowledges and agrees that if a policy is issued, the Company may deny any claim for loss or damage to property in the event the Applicant has made any misrepresentation or omission to the Company or its representatives. The person signing below is the owner of the property to be insured.

Signature: _____

Printed Name: _____

Date: _____